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Foreword

It is with pleasure that the National Association of Social Workers makes available to the National Conference on Social Welfare its publishing resources for this selection of group work papers that were delivered at the 1957 National Conference on Social Welfare, held in Philadelphia, Pennsylvania in May. The chairman of the National Conference Selection Committee was C. F. McNeil of Philadelphia. The other members of his editorial committee were Mrs. Doris Bertles and Howard Adelstein. For the first time these papers from the conference appear in a volume devoted exclusively to group work—a small but still significant indication of the growth and importance of this dynamic process in the social work profession today.

NASW brings together in its Group Work Section most of the group workers practicing in this country today. It is our hope that *Group Work Papers 1957* will be the first of a long line of substantial documents published by the association that will reflect the wide interest in group work and its method and will help to refine and expand new knowledge for all social workers in its use. Group work is currently practiced in a wide variety of settings—in education-recreation agencies, in psychiatric and general medical hospitals and clinics, and in residential institutions for young and old people. These papers represent a significant contribution to the literature in social group work because they present material reflecting the developments occurring in the field and the issues for the professional social group worker which are created by these developments.

JOSEPH P. ANDERSON

Executive Director
National Association of Social Workers

Problem of conformity as faced by the professional worker

MITCHELL I. GINSBERG and IRVING MILLER

In this paper we shall focus primary attention upon the sources of conformity that are, intentionally or otherwise, derived from within the social work profession and practice. These include: (1) the social work profession itself with particular reference to group work; (2) sponsorship of services; (3) organizational and institutional forms through which services are given; and (4) content and methods of learning and teaching group work. First, however, some general observations seem to be in order.

In many respects group workers are much more the products of social change than the producers of social change and thus are especially vulnerable to conformity pressures. Our services are made available through social agencies who employ us and who are dependent either upon public funds or private giving. While there is much to question in the trend toward private social work practice, the fact that we are not entrepreneurs as are those in the medical or legal professions and that we do not characteristically sell our services directly to the customer add to our vulnerability to pressure. Combined with a relatively low social status as well as a high obsession with that low status, this fact makes the situation even more complicated. This concern with status produces a tendency to cut the cloth of our principles to the most currently popular pattern.

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Perhaps the most obvious area of practice in which we "play it safe" is in social policy and action. Certainly there have been major changes in the social and economic context in which group work services are given and we must be prepared to modify our approach and emphases with changes in need. This is not to say that there are no more urgent social issues of immediate concern to social workers. We talk much of this. Perhaps never before has social work's responsibility for social action been talked about so much, by so many, and acted upon by so few.

It seems true also that, whatever the causes, agencies offering group work services by and large do not involve themselves in controversial issues. Staff and board members do not discuss them and even less do they encourage a climate in which politically and socially controversial issues can be discussed by their membership. We know few if any agencies today that would encourage or even permit its membership to conduct forums on the Smith Act, recognition of Red China, and other such topics. In some agencies it is not even possible to have election forums because of reluctance to risk adverse community reaction.

Although these pressures need to be resisted, we are not against all conformity nor are we proposing nonconformity for its own sake. As suggested in *The Organization Man,* "as an abstraction nonconformity is an empty goal and rebellion against prevailing opinion merely because it is prevailing should no more be praised than acquiescence to it. Indeed, it is often a mask for cowardice, and few are more pathetic than those who flaunt outer differences to expiate their inner surrender." [1] Maturity and ability to live and work with other people require varying degrees of conformity. The needs, wishes, biases, and propensities of others must be accommodated if we are to survive productively and happily. However, the kind of conformity which is troublesome and apparent in various aspects of practice is the kind that vitiates creativity, interferes with services, and abrogates the values motivating and underlying services.

Conformity is destructive when it means an unwillingness to face differences, an abandonment of principles and a repudiation of respect for difference—one of our most important value commitments. Respect for difference means that people have a right to be different, that differences are neither good nor bad but simply are. Too often in practice we are uneasy with differences, deny them and act as if

[1] William H. Whyte, *The Organization Man* (New York: Simon and Schuster. 1956), p. 10.

we don't mean what we say about the right to be different. Some of us seem to have trouble reconciling that with the value assumptions in the term "common human needs." It is as if differences put a strain upon the need to get along with people, as if getting along requires that there be no differences. We overvalue cohesiveness in working with groups and in the name of cohesiveness often use our knowledge of individual and group behavior to promote situations in which everybody can be alike and can crawl into their little places in the woodwork of the group. Group work goals of helping members through group experience to accept, enjoy, and be enriched by their differences can become, with little effort, pressure to conform. The richness and vitality of heterogeneity, then, are sacrificed for the poverty and flatness which are called cohesiveness. Thus, there is conformity in the negative sense which is indigenous in some respects to the profession and its practice. We are concerned with those defects that emanate from our virtues, that are inherent in or unintended by our actions.

The process of becoming a professional with its evident need and wish for tested knowledge and a distinguishable technology and its attendant need and desire for status and recognition produces a degree of caution, conformity, and conservatism. The requirements for a social reform orientation are not easily reconcilable with the requirements of a professional service orientation. An emphasis upon the development of a scientific body of knowledge, disciplined and controlled use of relationships, and the need to have a precise and specialized competence is not normally the soil in which concern for social change can grow, unless it is consciously, deliberately, and insistently cultivated. The concern with and necessity for developing method and process disposes people to neutralism.

Social workers often see social concerns as the concerns of other groups in our society presumably better equipped by training and function. It becomes at best a matter which concerns the social worker purely as a cititzen or perhaps as a member of a professional organization. Thus, it becomes either a worthwhile leisure time activity or a professional organizational activity, but never a part of the job. Indeed, it may well be that the very existence of an increasingly important professional organization, inevitable and indispensable as it may be, gives accent to patterns of conformity. Any collectivity or group, and certainly any professional group worth its salt, cannot fail to establish behavior norms, exercise power and sanctions over its members, and be a status-granting or withholding institution. However, this can operate both ways. Power can be used to protect and

insure good practices and services. It can also be used to protect mediocrity and narrow professional interests and to discourage change.

Another group of interrelated factors helping to produce conformity are career opportunities and careerism, status and status strivings, upward mobility and the job opportunity structure. That we come from middle-class background or aspire to middle-class status makes it easier for us to identify conformity with the right way of doing things. In the Detroit study, Polansky and his colleagues provide evidence of the social workers' middle-class background and strivings and the frustration and discontent that is often felt because our point of view on social issues and problems may differ radically from that of the groups with whom we either do or want to identify.[2]

Our strong drive for status makes it easier to resolve this frustration by going along with the points of view of those with whom we feel most comfortable. This is likely to be especially true when social work presents opportunities for upward mobility and advancement. As a career in social work takes on professional respectability, offers status, some income security (however modest), and an opportunity for advancement, it attracts large numbers of people for whom middle-class status and respectability is an important goal. Such people are much less likely to run the risk of deviation and much more likely to conform if its reward is promotion, job security, and social status. The fact that jobs in social work far outnumber available qualified people would seem to mitigate against conformity. A wide-open market for jobs and opportunities to move from one agency to another would normally be expected to result in a greater independence of workers and a greater willingness to take chances. This may be happening to some extent at some job levels, but despite the great demand for group workers, the opportunities for the higher-status jobs are much tighter and relatively quite limited as compared to lower level jobs. Heavy competition for high-level jobs would tend to produce conformity to the requirements of those controlling such jobs. Moving ahead has generally required conforming to the standards of those who can be helpful in achieving such objectives. Its value lies in the fact that it usually brings the rewards of higher salaries, more important positions, and greater status. This creates pressure, particularly on the trained worker who realistically has both greater opportunity and desire for mobility. A student group project in which we participated produced

[2] Norman Polansky, William Bowen, Lucille Gordon, and Conrad Nathan, "Social Workers in Society: Results of a Sampling Study," *Social Work Journal*, Vol. 34, No. 2 (April 1953).

data suggesting that trained workers have both greater status anxiety and higher status aspirations than untrained workers. This combination of high status anxiety and aspiration on the part of the worker and the increased job opportunities would inevitably produce the high rate of mobility so often observed and lamented in our field. Not as much comment, however, has been made about how this drive to get ahead, legitimate as it may be, created a need "to go along" and "not to rock the boat."

The situation for the untrained worker, though somewhat different, has similar consequences. The fact that he has considerably less opportunity for change than the trained worker makes him more dependent on his job and more disposed to conform to the agency's standards, actual or perceived. If he needs to compete with trained workers, or if they are his reference group, he is apt to overconform to what he presumes to be good professional practice. There is a certain irony in the thought that the trained worker, because of his greater opportunity for mobility, and the untrained worker, because of his more limited mobility, may end up on the same road to conformity.

Our current and growing concern with achieving greater status inevitably creates distortions between ends and means and inhibits our own development. This concern with achieving greater status cuts across all areas of social work. It is not necessarily negative, however. Recognition and the rewards accruing from status are important to the practitioner in a day to day sense, and a higher status for the professional will go a long way toward insuring the future growth of the profession, but our concern with status does seem to have become an obsession.

Related to this concern for status is the current emphasis on the "interdisciplinary approach." Our commendable interest in and desire to work in an interdisciplinary way can distort its very purposes when the motivation for status operates side by side or even ahead of the motivation to improve service. This growing interest in the interdisciplinary approach is desirable in many ways. It often represents a sound, professional method of operation and in many cases is a helpful and constructive influence on our services to clients and members. It is not a new trend although there have been shifts in emphases. In the forties, a major interest of group workers was in developing casework-group work co-operation. Now we have moved in the direction of emphasizing working with medical and psychiatric social workers and especially with doctors and psychiatrists. While the current approach again does indeed have helpful results, it can

hardly be denied that it is also connected with status strivings. It is not by chance nor as a consequence of the inherent outgoingness of group workers that in the period of casework-group work co-operation the interest, initiative, and concern came primarily from the group workers. By and large we sought out the caseworker rather than the other way around. We were the ones who saw this co-operation as being of great importance. The group workers involved in endless meetings and committees on casework-group work co-operation and in co-operative programs usually held higher positions in their own agencies than the caseworkers. We were the aggressors and initiators in the hope that interaction with caseworkers would cloak us with greater professional status than we had on our own.

The same pattern seems true today, although the cast of characters is different. Indeed, we press our suits with particular vigor when those with whom we wish to "rub shoulders" professionally are doctors and psychiatrists. A recurring theme which runs through group work papers and discussions concerned with group work in so-called specialized settings is as much how to win approval and acceptance of the doctor as it is to help the client. Who writes most of the records in such settings? For whom are the records written? Who reads them? And, indeed, who reads the records of other team members with most interest? In case you have not guessed, it is the group worker, and the same answer applies to the question of who attends joint meetings with the greatest interest, punctuality, and regularity? It appears that the activities involving the team are participated in most vigorously in inverse proportion to the respective status of the individual team members. These are the professional groups which become reference groups for the group worker. To behave in a way that is perceived as acceptable to them inevitably produces an inappropriate kind of conformity and criteria for action which flow from an inappropriate context. Modeling our behavior according to standards of another profession or developing goals more congenial to the purposes of others is not apt to serve as a reliable basis for providing services for which we are responsible and have a special competence. Note that group workers hardly have as much concern with developing a sound interdisciplinary approach with the adult educators, the physical educators, and others like them who provide services in our own agencies.

Let us turn now and consider some aspects of agency sponsorship. Group work services are given primarily through agencies and institutions. These institutions are very much influenced by the sponsoring

and financing groups whose interests are likely to be in the direction of conservatism and conformity.

Because of their value orientations social workers sometimes have difficulty in distinguishing between their humanistic and democratic conceptions of how things ought to be and the reality of what they actually are. We obscure by references to democracy, co-operation, and process the fact that the various groups involved in a social welfare agency have goals that are not always reconcilable with each other, and have different degrees of power and access to power in determining policy, program, and the activities of others. We prefer to ignore this rather than to understand it so that understanding can be used to influence and affect power relations. We prefer to ignore power rather than to think of ways that power can be used responsibly. In *Community Power Structure* [3] Floyd Hunter describes in detail the process by which the power structure in a community determines the most important community and social agency decisions and effectively produces conformity among the professional group around things that affect the interests of those in whom the real power in a community resides. This study, as well as a number of others, gives support to the basic position that fundamentally he who "pays the piper calls the tune." With rare exceptions, those who control agency funds make the basic decisions, regardless of the particular structural arrangements used in a particular community. Whether this is good or bad, justified or unjustified, may be open to argument, but the important point is that we do not do a disservice to the things we believe in by seeing the pattern described by Hunter as a special case rather than as a general truth, and that we not seek to explain it in terms of professional competence and personal imperfections.

The facts of power as outlined here produce conforming behavior on the part of the professional person. This pressure is increased by the expansion of central fund-raising, particularly as it moves in the direction of the United Funds with greater centralization of control. The impulse for this greater centralization comes most notably from the business community whose role in fund-raising has steadily increased. It is not difficult to imagine that if this trend in giving and the way it is organized continues, effective control of private welfare will unchallengingly reside in the business corporation. This type of participation is necessary. However, there are at least two negative consequences when the same persons manage and control corporate

[3] Floyd Hunter, *Community Power Structure* (Chapel Hill: University of North Carolina Press, 1953).

enterprises as well as social welfare enterprises. Apart from questions of representativeness, can these two interests be reconciled at all important points without social welfare coming out on the short end? The requirements of business enterprise and its criteria for effective operation are not at some important points those of social welfare. Further, can social welfare programs afford to be subject only to the vicissitudes of business profits? The time of greatest need for service may be precisely when business profits and hence contributions fall off.

From the standpoint of a given worker and agency, central fund-raising in many cases operates to spread power and control more widely and locates them farther away than if agency policy were determined by a small number of people on an agency board. Central fund-raising has many other advantages, but it is a mixed blessing with inherent dangers that flow from increased centralization of power and control by one segment of the community. This requires safeguards against the irresponsible and repressive use of such power.

In agencies where most of the funds come from the membership, it is still true that money-givers have the predominant influence but the patterns followed will be somewhat different. Here the power resides to a large degree with the consumers and in some cases they will substantially affect and influence policy. Dispersion of power among a larger number of people, difficulty in communicating, and lack of continuity in contact generally tend to give the worker more freedom. On the other hand, increased dependence on fee-charging results in greater emphasis on those activities that will produce more funds. Thus decisions as to what services are to be offered often depend on factors that have little to do with professional judgment about the needs of the people being served.

Agency organization and structure are another source of conformity. As group work services have grown and expanded, as they have become more professionalized, specialized, and increasingly concerned with more disciplined ways of using knowledge and transmitting it to others, so also have they become more characterized by highly bureaucratized modes of organization and delivery of services.

Certain consequences having to do with conformity flow from the way agencies are organized to give services. These include the specific ways jobs are set up, supervisory arrangements worked out, and so forth. Obviously, size is of great significance in the way it modifies and determines the style of service and the form of organization; thus, some of these problems show up more sharply in the relatively

large agencies, although to some degree they apply to all. Size is today a particularly important consideration, for group work, like the rest of society, is in an era of bigness and mergers.

Organizational factors significantly influence and determine the manner in which staff members carry out their responsibilities, why they do one thing or another, and why members behave in one way or another. It is not possible to explain these things only by referring to such familiar notions as the personality, skill, and motivation of the worker in interaction with the members. As agency procedures and routines, and professional requirements set up certain expectations demanding uniform, predictable, and reliable responses lest the quality of the service suffer, an unanticipated result may be confusion between means and ends. Not to follow procedures and routines is to run the risk, as one does in any efficient operation, of being quickly noticed. Thus, in order to protect himself and to get ahead, the worker may play it safe by hiding behind a barrage of red tape and an arsenal of inflexible rules and regulations. Disciplined ways of working can become slavish and ritualistic adherence to rules for their own sake. Intake procedures designed to facilitate good service and an individualized approach can become stumbling blocks and unintentional devices to discourage some and select out others for membership. Supervisory arrangements designed to provide tools for effective help to workers become ends in themselves, indiscriminately applied to all workers. Evaluation procedures designed to evaluate progress and plan future activity become negotiated truces. Program structure and grouping patterns, for example, which are intended to be flexible instruments for service become forms into which membership must fit rather than forms fitted to membership needs. It is important to pay close attention when some of our most valued ways of doing things work out in unintended ways.

Finally, as social work educators, we cannot avoid considering how the content and methods of learning and teaching in group work bear upon our subject. It is important to recognize that the basic value system of group work as practiced and taught is middle-class oriented. The scientific approach and emphasis upon technology and systematization of knowledge tend to obscure this. We emphasize such values as individual and group responsibility, importance of the individual's taking responsibility for his own behavior, postponement of gratification, respect for authority, and so on, and we place a particularly high value on getting along with others. Judgments concerning social health and adjustment and the proper goals for working with people

tend to be value-oriented despite the fact that this is done within a disciplined framework of observation, study, diagnosis, and treatment.

In *Street Corner Society* [4] the point of view expressed (and it has continuing relevance) is that agencies have difficulty serving membership with socioeconomic backgrounds different from their own. The agency can only begin to reach such a community insofar as it can recognize, respect, and accept difference on its own terms. Agencies tend to regard as valid and right for others what are basically their own middle-class values. Thus, often they appeal primarily to those who can accept these values, reject those of their own group, and see the agency as a means of moving upward and away from their own group. Furthermore, such agencies often tend to misjudge and undervalue the organized character of group life in their own communities. To have a conscious and well-intended desire to work with deviant groups is well and good, but the philosophical basis underlying this approach is significant. It makes a difference whether we are functioning on a basis of "noblesse oblige" or on the basis of a genuine acceptance and respect for the values of others. We can assume the rightness of our own values and through the positive approach of love, tenderness, and so forth, attempt to persuade or bring the people with whom we are working to the point of conforming, or we can accept others as they are and help them reach the point where they can accept those values that can be meaningful to them and at the same time not be in disastrous conflict with those held by society as a whole.

Our concern with the individual and individualization and our related emphasis upon adjustment have tended to make of us unwitting agents for conformity.

We need to ask ourselves toward what ends and on behalf of what standards we wish individuals to adjust. Does adjustment always represent a socially productive and personally satisfying mode of functioning? Adjustment to other peoples' standards and values can mean a betrayal of other, more important values. Do we manipulate people so that they can get along, and is getting along *the important goal* in life? With whom and with what do we wish people to get along? Many life situations and many social roles are inherently conflictual. Is is helpful for people to believe that conflict and difference can be avoided and do not exist? The human relations, group relations, or group dynamics approach can, and does at times, degenerate into manipulation of people so that they can conform to imposed standards,

[4] William H. Whyte, *Street Corner Society*, 2nd ed. (Chicago: University of Chicago Press, 1955).

serving the needs of others. If we manipulate people as if they were things, doesn't this affront their basic uniqueness and ultimately damage them?

In turning to a consideration of how we teach in our profession, we think there are substantial elements inherent in the supervisory process which inadvertently inhibit creativity and initiative and tend to induce patterned responses rather than genuine learning. This can and does happen despite our emphasis upon the learner, our concern with process, with individualization and self-development, and the unique and imitated contribution we have made to learning through the one-to-one supervisory method. The point is that these value commitments do not always pay their way, that again, our very virtues sometimes produce their own defects. We properly emphasize the importance of relationship and an understanding of its use as an instrument of learning, but the way we act is as if good relationship is *the purpose* of supervision. There tends to be an almost obsessive concern with relationship per se rather than with whether it is helping to help the worker give more effective service. Workers and students learn and somehow survive a variety of relationships. They even learn from supervisors with whom they have substantive as well as personal differences; some even learn better from supervisors who rarely praise, who are demanding, who stick strictly to the job at hand with minimum concern for motivations and how the worker feels about himself and/or the supervisor. However, we tend to insist upon a certain pattern, a pattern of always being positive, sharing feelings, and working through resistances, presumed or otherwise. People catch on to this little subculture of ours, in which we all conform to certain rituals and certain ways of thinking and doing. As a consequence, the supervisee is often individualized into conformity and dependence.

Similarly, we ought to examine some of the implications for such essential means in learning and teaching for social work practice as developing self-awareness, understanding of self, and insight.

In supervisory practice on the job, as well as all too often in the learning experience in schools of social work, we have tended to probe inappropriately into motivations, putting the emphasis there rather than on the presenting issues. As a result, the worker or student ends up quite confused and feels on the spot.

Another major area of concern with respect to possibly dysfunctions of supervision is the excessive dependency that it seems to foster. Dependency inevitably leads to conformity because the worker learns to pick up cues from what is said by his supervisor and begins to accept

these facts. As a result, everyone arrives at the same set of facts and conforms to a formulation whose validity is assumed, never questioned, and therefore, never validated. The explanation invariably given is that this is bad supervision and indeed it is. At the same time we have a hunch that some of the dangers and difficulties outlined above may be inherent in our philosophy and practice of supervision as such.

Leaders in our field have spoken often and eloquently of the urgency of developing future social work leadership. The difficulties in achieving this have perhaps been most cogently posed by Lawrence K. Frank, who points out that common to all academic and professional situations "is the inevitable feeling of those in the field since they have had to undergo the training and discipline, accept what they were taught and convince their teachers by their conformity to that teaching, that they were competent; of necessity, everybody else must be similarly treated." [5] If this is true, then how can it lead to the creative leadership that is supposedly so desired? We must admit to being troubled by the lack of any feeling of resistance or revolt on the part of young students and workers to the pattern described by Frank. Too often, social work students, like those social scientists described in *The Organization Man*, "show a tremendous interest in techniques. Having no quarrel with society, they prefer to table the subject of ends and concentrate on means. Not what or why but *how* interests them. . . ." [6]

In conclusion what we have tried to say is that within the profession and within social group work practice there are a number of actual and potential conformity-producing pressures that affect the professional worker. That these forces may be unintentional and not the result of ill-will is reassuring—but not relevant. In a profession dedicated to meeting human needs, good intentions are praiseworthy—but insufficient.

It is, of course, easier to point to the problems than suggest specific answers. However, we cannot begin to find answers until we have an awareness and understanding of the nature and sources of the problem. Tough-minded understanding expressed in professional activity is the *sine qua non* for mitigating and perhaps reversing the trend. Its consequences are not always as imagined. We know workers who have forthrightly expressed themselves and acted with skill, competence, and professional integrity on controversial issues. They

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[5] Lawrence K. Frank, "Dilemma of Leadership" in *Society and the Patient* (New Brunswick: Rutgers University Press, 1948).

[6] William H. Whyte, *op. cit.*, p. 67.

have not been punished; as a matter of fact they have enhanced their status and increased their influence.

It may well be that the ground on which we have to move is quite limited, but the responsibility of each one of us is to make sure that we use the room we *do* have and keep pushing against its outer limits. It is possible not to accept this responsibility and not to participate, but staying safely inside exacts a heavy price from within ourselves and from those whom we are committed to serve.

Social values and social group work

HELEN U. PHILLIPS

I have been asked to speak to the question: Does social group work have distinctive characteristics in its philosophy—in comparison with, or in contrast to, other disciplines? Such a query is particularly timely for us since the Council on Social Work Education has set in motion a three-year Curriculum Study in which curricula for professional education for social work are being examined and developed against a "philosophy screen"—a concept and instrument adopted from Dr. Ralph Tyler, by which objectives may be selected that are highly consistent with the education and social philosophy to which a school is committed. To that end, the Curriculum Study staff and committees are in the process of formulating a statement defining the basic values held by social workers.

I have chosen to qualify the word "philosophy," in the assigned topic, by using the term "social philosophy," and to equate and use that term interchangeably with "social values." And yet recognition of the importance of a philosophy is not discarded since social workers must surely consider the values of their profession in the "spirit of philosophy," which Dr. Otto has defined as "the quest for depth and richness of meaning, for wisdom of life, a quest that is endless. . . ." [1] Out of our continuous search for a philosophy comes our interest in looking at values.

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[1] M. C. Otto, *The Human Enterprise* (New York: F. S. Crofts & Co. Inc., 1940), p. vii.

Social values and social group work

I shall discuss primarily the values that our profession has already identified as basic to its practice and consider whether social group work holds additional values or emphases, unique to it as a specialization of the social work profession. But before moving on to that familiar ground, we shall touch briefly on the values held by other professions, of which the law and the clergy can serve as illustrations. We look at these to see what convictions we may share with others.

For comment on the social values of the legal profession I turn to the moving little volume written by A. Delafield Smith at the conclusion of his singular service in the federal government as principal attorney of the Social Security Board and later as assistant general attorney of the Department of Health, Education, and Welfare. The title of his book, *The Right to Life,* conveys his interpretation of a basic value of the profession he represents. "Law should teach us," he writes, "that it is the fact of having a legal right to what we need, rather than the fact of having produced it by our own efforts, that furnishes the primary condition for preserving human dignity and independence." [2]

That such a concept, in Mr. Smith's opinion, derives from a social value is clear when he says: "Now law is conditioned on nothing in the world but the ethic it expresses. You can convert an ethical principle into a law on almost any terms you please if you follow constitutional methods of lawmaking. And indeed you will find that the American Constitution facilitates the process of seeking to express or establish individual and human rights. And as for ethics, I can conceive of none superior to that which establishes the individual's legal right to whatever *he* needs in common with all *other* members of the human race." [3]

This respected and experienced representative of the legal profession develops the complementary factor of responsibility, as well as right, when he speaks of ". . . the basic function of law and the significance of personal right and obligation in the creation of a society of secure and self-sufficient individuals." [4] "As a lawyer I am a strong believer in the importance of the individual's obligations and his development of a sense of obligation. I believe in the ethical principle that the individual's obligations extend to the uttermost limits of his capacities." [5]

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[2] A. Delafield Smith, *The Right to Life* (Chapel Hill: The University of North Carolina Press, 1955), p. 7.
[3] *Ibid.,* pp. 40–41.
[4] *Ibid.,* p. 3.
[5] *Ibid.,* p. 52.

There is also the concept of the reciprocal relation between limits (laws) and freedom, in the legal profession—a freedom that is gained through the use of the human will. "Law gives birth to the concept of freedom," says Mr. Smith, ". . . a freedom that implies the ability to act at will while the pattern in relation to which you act remains fixed." [6] He sees "law in the ideal sense as a guide and challenge to the human will." [7] "The great difference between human law and physical law is this—that man-made laws address themselves to life and are designed, therefore, to promote adjustment between living interests. The action that they must harmonize is voluntary—that is, willed action. . . . The result is that man-made law must be written as an appeal to the human will. . . . When man-made rules seek to by-pass the will and address themselves to the action of the individual they lose the character of the law." [8]

Thus it is indicated that the legal profession values a society which would provide security and self-sufficiency to individuals in it; it values the rights and responsibilities of persons to use their capacities, and the limits that provide a structure for the development of freedom through the activity of the human will.

This same concern for the *person* as the focus of professional activity is to be found in the profession of the clergy. (I use this term to designate both the Christian ministry and the Jewish rabbinate). Clergymen are constantly conscious of their theological base—the ultimate faith that God is love, and loves men, and seeks communion with them. Man is seen as having immeasurable value because he is of value to God. If man is of value to God, then he must be of value to himself and to other men. From this philosophic base, preaching is an exposition of the ground for faith and action in reference to the teaching of the Bible or the Talmud. Prayer takes those forms and makes those petitions which are consonant with the form of the faith in God held by the one praying. Pastoral counseling presupposes the fact of sin [9] as a disturbing factor in the life of man that interferes with his relationship, and while using psychological knowledge, its interpretations are in these terms. Groups in the church and temple are seen not just as educational or recreational or administrative in

[6] *Ibid.*, pp. 79–80.
[7] *Ibid.*, p. 77.
[8] *Ibid.*, pp. 87–88.
[9] The word "sin" is used here in the sense interpreted by E. LaB. Cherbonnier, in his book, *Hardness of Heart*—as meaning the lack of love or, as the title indicates, hardness of heart.

purpose but as the expressions of freedom and unity among the people of God.

These values regarding the worth of man and his relationships, as I interpret them, are harmonious with the social philosophy of the profession of social work—as are the fundamental beliefs of the legal profession. The various actions and forms of professional service have been developed in accordance with the purpose and function of each respective profession, as expressions of the underlying values held in common by its members. My cursory and highly selective comment on the values held by other professions carries no claim to have established the identity with them of social work values, but, rather, to suggest that we do have values in common with them and to emphasize the obvious notion that social work does not have a corner on social values.

Many of you must have been excited as was I, by the three lectures by J. Bronowski on "Science and Human Values," which appeared in a recent issue of *The Nation*. "The values of science," wrote Bronowski, "derive neither from the virtues of its members nor from the finger-wagging codes of conduct by which every profession reminds itself to be good. They have grown out of the practice of science because they are the inescapable conditions for its practice." [10] If I might paraphrase this last sentence, I could see it as a pertinent text for a consideration of the values that underlie our profession. The values of social work have grown out of the practice of social work because they are the inescapable conditions for its practice. As social workers have directed their efforts to carrying out the social purposes of the agencies through which their services are offered, they discover that in the reality of actual day-by-day experience of working in process with individual clients or with groups, their social values are constantly being tested, adapted, and affirmed.

It is with considerable humility that I venture to define the values of a profession, even the one in which I am engaged. Admittedly, I am expressing *a* set of social values, one which may be found lacking in some respects, but which seems to me to contain the "inescapable conditions" for the practice of social work. The values of the social work profession, in my opinion, include the common beliefs of its practitioners in: (1) the desirability of a society that will provide both freedom and responsibility; (2) the dignity and worth of man and his capacity to grow and change through the power of the human will;

[10] J. Bronowski, "Science and Human Values," *The Nation*, Vol. 183, No. 26 (December 29, 1956).

(3) human relationships as a means of social growth; (4) the use solely of those means which are consistent with the ends sought. On each of these values I shall elaborate briefly.

1. *A desirable society is one that provides for every human being in it the freedom to develop and use his capacities with self-respect, to discover and maintain satisfying relationships with his fellows, and to be a responsible contributor to the whole as well as a receiver from it.* Whatever furthers movement toward this mutual kind of society, the social worker values. Bronowski said, "The concepts of value are profound and difficult precisely because they do two things at once: they join men into societies and yet preserve for them a freedom which makes them single men. A philosophy which does not acknowledge both needs cannot evolve values, and indeed cannot allow them." [11] As we acknowledge, then, the human need to be both a separate self and a participating member of society, we value a society that provides these elements and, as social workers, find in that value, clear direction for professional efforts that may contribute to its development.

2. *Every living person is of value as a human being.* To anyone in our culture, this statement is hardly debatable and indeed, it is impossible for me to express it in any but the familiar phrases—belief in the worth and dignity of the individual. Our consistent attention in social work to individual differences testifies to the belief of the profession in the worth of the individual as both a separate and related self. But the corollary, without which the first part of our proposition cannot be carried out in practice, cannot be said glibly. We hold the conviction that *all people have the capacity to grow and change.* Therefore, to the degree that we subscribe to this value, we as social workers work with the strength and health, rather than with the weakness and illness, of the people whom we serve. Indeed, the core of the social worker's help to another person lies in the worker's steady conviction of the inherent strength of that other person, in the worker's readiness to sense it, and his freedom to engage that person in a process in which he chooses how he will use those strengths to the end that his inner forces will be mobilized for forward movement.

It would be difficult for me to discuss a social work philosophy of change without referring to Kenneth Pray's formulation of it: "This philosophy rests, first of all, upon the demonstrable scientific fact that all real and permanent changes in the form and structure of human relationships are the outgrowth of inner change, of changes in the

[11] *Ibid.*, p. 561.

attitudes and feelings, the motives and purposes of the human beings involved in those relationships. Such a philosophy accepts not only the truth and the transcendent importance of this basic fact of life; it accepts the rightness, the positive value of this fact, from the point of view not only of the individual but of society as a whole and of society's stake in its unity and progress. It embodies a profound faith in human beings and in the inviolable integrity and creative power of individual personality. We not only submit to this inescapable law of human nature; we welcome, embrace, and use it by deliberate, determined choice." [12]

3. *There are dynamic possibilities for social growth in the process of interacting relationships.* Because we believe this to be so, we as social workers have focused our professional efforts on enabling people to discover and carry their responsible part in relationships. This is illustrative, I believe, of the cause-and-effect quality of our values. The cause for our actions is found in the value we hold, which if applied appropriately through our professional services will, we believe, contribute to the effect we deem desirable for society and each of its participants. Thus, convinced of the desirability of social development, we set in motion, within defined services, a process of relationships with those whom we seek to help, engaging them in making choices, letting the final decisions be their own. The social worker's control of the process of relationships centers on enabling the client or group members to take their appropriate part in the process and to use the relationships for ongoing movement.

4. For a fourth and final value of the social work profession, I turn to one of Eduard Lindeman's "propositions" as he called them: "*The democratic way of life rests firmly upon the assumption that means must be consonant with ends.* It is this rule which, when practiced, emanates as democratic behavior and constructs a pattern of democratic morality." [13] Our previous discussion of the worker's part in the process of relationships is pertinent to this concept of the harmonious relation between means and ends. If we are to further in our clients and group members a sense of self and a sense of being a contributing part of a whole and recipient from it, then our methods, our means, must allow for their full participation in the matters that concern them. Democratic attitudes are not acquired by coercion or

[12] Kenneth L. M. Pray, "A Philosophy of Change in the Community of Social Work," *Social Work in a Revolutionary Age* (Philadelphia: University of Pennsylvania Press, 1949), p. 291.

[13] T. V. Smith and Eduard C. Lindeman, *The Democratic Way of Life* (New York: The New American Library, 1951), Mentor Edition, p. 124.

even by friendly persuasion; they are developed only through experience in democratic process. The goal of a truly democratic society is one that no social worker would disclaim but acceptance of such a desired end demands constant assessment of our practice. Are we trying to assume responsibility that rightfully belongs only with the group member or the client? Or are we, through our service and our method of working with people, offering an experience in democratic participation?

I have not forgotten the fact that I was asked to speak on the *distinctive* characteristics of the philosophy that underlies social group work. Considering the values of the social work profession as a whole, as formulated here, I conclude that every one of them obtains equally in each of the specializations of our profession. *Social* services are developed and offered as means toward *social* purposes; social purposes are derived and formulated from the base of *social* values and convictions held in common by the members of the social work profession who offer their services to the community. Group workers, as members of the social work profession (a fact which fortunately is now firmly established), carry, then, the values of their *profession* in all aspects of their work with people. Variations among specializations occur in the *way* these values are put into operation by use of a particular method—which is for us, the social group work method.

Without shifting from my position that the values of the social work profession and of the social group work segment of it are one and the same, I venture to suggest that there are at least two social values held by social group workers as an "inescapable condition" for their practice that are not so constantly tested in the practice of other social workers. The first of these is the concept of unity in variety. John Dewey writes of this concept: "The formula has meaning only when its terms are understood to concern a relation of energies. There is no fullness, no many parts, without distinctive differentiations . . . . The 'one' of the formula is the realization through interacting parts of their respective energies. The 'many' is the manifestation of the defined individualizations due to opposed forces that finally sustain a balance."[14] Our emphasis on the use of group relations to promote the social growth of group members as well as the development of the group as a whole stems from our convictions that (1) each individual finds something unique for himself and his own growth as he relates to differences in fellow-members of his group as well as

[14] John Dewey, *Art as Experience* (New York: Minton, Balch & Company, 1934), p. 161.

in his worker; (2) he can achieve a wholeness in himself as he becomes part of a group that does not demand uniformity and loss of self but that can use his own particular difference as a contribution toward unity.

The second value distinctive to social group workers is our belief in the power and effectiveness of a group in relation to society. I refer here, of course, to the value that is the basis for the social action aspect of our practice. Not only do we view group action as beneficial to the members of the groups who participate in it, but we hold the conviction that groups can, and do, make an impact on society and can have a real part in effecting social change.

I have not made a strong case for distinct characteristics of social group work philosophy. In fact, I have made more of a case for the likeness of our basic values to those of our own profession and those of others. Our scanty consideration here of other professions simply suggests that in a very general sense, professions, by virtue of their goal of service to humanity, hold values that encompass individual man as a participating member of society and the nature of the responsibilities and rights of people in their relationships with each other.

In the act of becoming professional we, as social group workers, have of necessity acquired and identified with the basic values of the social work profession. Continuing our search for truth in the "spirit of philosophy," we assess and test our basic convictions as we translate them into service.

Evaluating movement of individuals in social group work[1]

HELEN NORTHEN

Evaluative research in social group work is important today, primarily as an aid to providing better service to people. Evaluating the movement of individuals helps the practitioner to diagnose, plan, and evaluate more carefully. At this time in the history of social group work, this aim is more important perhaps than proving to other people to what extent social group work is effective.

"The logic of evaluative research," as David French calls it, comprises certain steps that are essential to evaluative thinking.[2] The researcher should (1) describe basic assumptions that explain the rationale for particular ways of approaching the research problem; (2) identify the goals that are being sought; (3) delineate specific criteria for use in determining whether the goals have been reached; (4) describe the service and the methods used in providing the service; (5) measure the extent of change that occurs; and (6) de-

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[1] This paper is based on, but not limited to, a project conducted by the Research Committee of A.A.G.W. and the Group Work Section of NASW between 1953 and 1957. Members of the committee included Claudia Perkins and Judy Cozzens, chairmen; Katharine Grant, Mary Leonard, Peter Karis, Guido Pinamonti, Marion Sloan, Tim Tyler, Marguerite Van Derwerker and Helen Northen, consultant. Dr. Genevieve Carter and Dr. Elisabeth Frank of the Research Department of the Welfare Planning Council of Los Angeles also served as consultants.

[2] David G. French, *An Approach to Measuring Results in Social Work* (New York: Columbia University Press, 1952), p. 44.

termine whether the change is the result of the service. Completing these steps in evaluative research in social work is a formidable task because of the complexity of social work practice and the complexity of problems in research methodology.

Several major assumptions were set forth by the committee. First, the ultimate test of social group work is whether the individuals who were served have made positive changes as a result of the group experience. Since social group work is concerned with the development of persons, the unit for study of the results of service is the individual member. Another assumption was that changes made by members of groups during a given period of time can be observed and evaluated—the quality of the change may be either positive or negative. The final assumption was that group workers are concerned with movement made by individuals in relation to their own particular characteristics, backgrounds, and needs rather than in relation to a fixed and uniform standard of behavior.

In order to identify the goals of social group work, statements of objectives of social group work were reviewed, compared, and evaluated. This was a difficult task because of problems of communication, lack of agreement about the scope of social group work, and the fact that the objectives were apt to be stated in broad terms rather than in the form of explicit statements of the desired outcomes. To supplement the survey of the literature, many group records were read for the purpose of answering the question, "What do we hope will happen to a particular group member because he has had this experience?" Then a statement of objectives was developed. After numerous revisions, it read, "The general goal of all social group work is to effect changes or adaptations in an individual's attitudes, relationships, and behavior to the end that he may develop greater personal adequacy and improved social adjustment."

The development of criteria for use in judging movement in relation to the goals of increased personal adequacy and improved social adjustment was the next step. The criteria which were developed are tentative; they overlap; they are closely interrelated and interdependent.

Changes in attitudes. A crucial test of the effectiveness of social group work is the extent to which a person has changed in his attitudes toward himself. In other words, have his feelings about himself changed? For example, does he depreciate or value himself? To what extent does he accept his own family and cultural background? How does he feel about his limitations? How much insight

does he have into his feelings and behavior? Changes in a person's attitudes toward other people are also important. What value does he place on other people? How does he feel toward people who differ from him in ability, cultural background, or social class? Attitudes toward ideas is the third component of this criterion. Does the person belittle or respect the ideas of others? How able is he to look at two sides of a question? How insistent is he that others accept his ideas?

Changes in relationships. Closely related to attitudes is the way in which a person relates to other people—to the group worker, other members of the group, his family, peers of the same and opposite sex and persons in positions of authority. In each of these relationships, what role does he have? How consistent or conflicting are these roles? How affectionate or hostile does he feel toward others and how does he express these feelings? How easy is it for him to make new friends, share his feelings, ideas, and possessions with others? To what extent does he trust others and they him? What is the range of his friendships and how stable are they? Does he see other persons as they really are or are his perceptions distorted? Does he withdraw from others or move out toward others? How does he handle competition?

Changes in other behavior. As a result of social group work service, it is expected that there will be changes in a person's behavior at home, school or work, and in the community. Does the person, for example, dress differently? Is he more or less destructive of property? To what extent is his behavior within the socially acceptable norms for his age group? To what extent is he able to live within the law and the regulations of the groups to which he belongs? To what extent have behavioral symptoms changed, such as swearing, physical complaints, stealing, and fighting? How well does he handle responsibility?

Since individualization is a basic principle of social group work, the specific evidences of change to be looked for under each category will vary with the particular person's background, capacities, needs, and problems.

Description of the service given, in this instance social group work, was acknowledged as a necessary step in evaluative research. This step was not attempted. Indirectly, however, knowledge about movement feeds back into knowledge about group work service. The study of the nature and quality of group work practice is a very important task for social group workers today. The study of group

work being undertaken by the Group Work Section of the National Association of Social Workers, a project of the Council on Social Work Education concerned with the development of criteria for evaluating the quality of practice, and several smaller studies done by group workers should be helpful to researchers who attempt to relate the results of service to the quality of that service.[3] One interesting thesis has just been completed by a student who traced, meeting by meeting, the movement of one individual in a group and the worker's activity in affecting that movement.[4] More such case studies may provide data for the ultimate task of measuring the results of social group work.

Since the method used by J. McVicker Hunt and his associates for evaluating movement in social casework seemed to have some applicability to social group work also, it was decided to attempt to adapt that approach.[5] It was not the intent, however, to use the same criteria or scale since these needed to be developed for this particular research problem. Movement was defined as the changes that take place in a group member's attitudes, relationships, and behavior between two points of time. The time was considered to be the beginning and end of a person's experience in a particular group, although summaries of movement at more frequent intervals would be valuable in studying characteristic changes at various stages of the person's group experience.

Records of social group workers were selected as the source of data for judging movement because, in spite of their many limitations, social work records have proved at least as useful as any other source of data. Finding suitable records, however, was the greatest block to doing the research. The effort to make use of existing process records, by reading them and abstracting from them what was recorded about particular members, met with failure. Either there was too little focus on individuals or the kind and amount of information recorded was so inconsistent that it could not be used to compare what was known about an individual at different times. Also, most process records lacked sufficient identifying data and

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[3] Gisela Konopka, "Unanswered Questions" and Robert D. Vinter, "Research Problems and Possibilities," *Social Service Review,* Vol. 30, No. 3 (September 1956), pp. 300–321.

[4] Melva Collins, *The Relationship Between the Movement of a Group Member and the Activity of the Social Group Worker.* Unpublished master's thesis, University of Southern California School of Social Work, 1957.

[5] J. McVicker Hunt and Leonard S. Kogan, *Measuring Results in Social Casework* (New York: Family Service Association of America, 1950).

developmental history of the person to make it possible to judge whether the behavior recorded was to be judged as progress or regression. The inevitable conclusion was that summaries of individuals needed to be prepared for use in judging movement. The summary was to include identifying data and pertinent background information about the person, a description of the individual as the worker knew him at the beginning of the group experience, and a description of the individual as the worker knew him at the end of a period of time. Some summaries were submitted by full-time social group workers, and second-year students in a school of social work prepared summaries on a sample of the members of their groups. Teaching workers how to prepare adequate summaries of individuals remains, however, one of the major problems. Yet social group work will not achieve professional maturity until workers are able to record what happens to the members they serve.

To illustrate the method used in judging the direction and extent of movement, a summary of one individual is presented and analyzed.

The Referral. Joanie Harbush was a member of the Jiggers Club, a group of nine girls who were referred to Youth Service Bureau, an agency that provides group work service to adolescents with more than average social and emotional problems. Joanie, age 14, is in the eighth grade. She was referred to the group by the vice-principal of her school because she was rebellious; she felt the rules did not apply to her; her grades were poor; she refused to wear socks to school; she was frequently truant and often tardy; she participated in many fights. She reacted violently to having a Jewish teacher. She was "sulky at home" and "pulled the wool over her mother's eyes."

Joanie is the youngest child of middle-aged parents. The next youngest is a boy, three years older than Joanie, with whom she quarrels constantly. Her mother and father came to this country from Germany. The father seems very American but the mother has a severe language handicap. The father is an alcoholic who is abusive to his wife and to the children when he has been drinking.

Summary of Joanie's initial adjustment in the group. Joanie is blonde, of average height, a little plump, and well developed physically. She is quite pretty and has nice clothes. But she often wears sweaters that are tight fitting and wears extreme make-up to attract boys. She has the appearance of a prostitute, and I am certain that she is extremely promiscuous.

Joanie's relationship to me has been one of mistrust and withdrawal. Although I have tried to reach out to her, she has been unable to let me help her. After an individual conference had been accepted at my request, she forgot about it and did not come.

Joanie is generally afraid of sharing herself with other members of the group. Others interpret this inability to share as rejection of them. Her tendency to withdraw seems to increase when group rejection is directed toward her. During the first two meetings, she was overtly rejected by the main subgroup. She reacted to this by looking extremely unhappy and isolating herself. During her absence, the girls attempted to expel her from the group. They complained that she had hurt Betty; had arranged a date between one of her friends and a boy in whom Ethel was interested; had acted superior to other girls; and they insinuated that she was a prostitute. There was some reality basis for these accusations. When she does not withdraw, she tries to solve her problems by fighting and cannot control her aggression. She came to one meeting, for example, armed with a knife and extremely hot-tempered and was determined to stab Betty. Joanie has been able to share with one friend, Gerry, to whom she relates in a very demanding way.

Joanie attempts to buy the friendship of girls by giving them material things—sometimes things she has stolen—and helping them when they are in trouble. I learned that she has been stealing from stores since she was ten years old. She uses extremely vulgar and obscene language. She is a member of the Rebellettes—a sister group to the Rebels, a large boys' gang. The gang members, with the exception of Joanie and Gerry, are all Mexican-Americans. Joanie is more comfortable with Mexican-Americans than with youngsters of her own cultural background.

Summary of Joanie's adjustment prior to the group's termination, one and one-half years later. In the last few months, Joanie's appearance has changed dramatically. She dresses appropriately and wears make-up suitable to a high school girl. Her language has changed from obscenity to very mild and only occasional cursing. She has been in no fights. There is absolutely no indication that she has stolen anything for several months. In the group, Joanie has tried to understand why she has changed, to try to make further changes, and to develop a new value system. Frequently, either the group or I have interpreted reasons for the change in her behavior so that she can relate some instances to change.

Joanie's school adjustment has been one of continuous improvement. She now enjoys school; her grades are good—at least B's. She is interested in activities. She is in the glee club. Next semester, she hopes to make the drill team, which is a special honor based on skill in the activity and over-all school adjustment. Her relationships with teachers are positive, including Jewish teachers, with every trace of antisocial rebellion eliminated. The vice-principal and teachers say that she has changed remarkably.

Joanie seems to have resolved many of her negative feelings about her alcoholic father. She can now see him more as a total person, appreciating his warmth and sense of humor when he is

sober. Since she has recognized that her father probably will not change, she has been able to turn her hatred into feelings of understanding. Joanie's relationship to her mother has changed too. Earlier, she fought her feelings of being rejected by literally fighting, defying her mother and other adults, and stealing. Gradually, she came to recognize that her mother felt warmly toward her and was generous to her. In individual conferences and with the group's help, she examined her own actions and decided she wanted to stop sulking. She has tried to change in order to please her mother. She now has a new problem because her mother has not shown pride in Joanie's grades and school progress. She also feels that her mother sides with her brother, who has been antagonistic toward Joanie. Although she needs more help in this area, Joanie seems to be making good progress in accepting her mother and brother as they really are.

Joanie's best friend is a nongroup member. She now feels that she can, should, and does have many friends, although there may be differences in the feeling of closeness with them. She has used me, in individual conferences, to talk about ways of helping friends to handle their feelings of rejection when she does something with another. She has been able to say directly to group members that because she has other friends does not lessen her feelings of liking them. She has widened her circle of friends at school. She withdrew from the Rebellettes and was able to withstand being called "chicken" for doing so. She has learned to handle conflict positively, without resorting to fights.

Her relationships with other group members are consistently good. The feelings of being rejected by her when she is absent are minimal. She is easy-going, generally happy, has a consistently good sense of humor. She takes a strong leadership role in discussions of group values.

Joanie no longer goes with delinquent boys and she is not promiscuous. She has had a good relationship with a boy whom she can really respect as a person. He is the first "Anglo" boy whom Joanie has dated for years. This seems to be the direct result of the long work I had done to help the members see that prejudice takes all forms. When Joanie started to date this boy, she said she had learned she could like people of all cultural groups and she thought she was less prejudiced because she could now appreciate boys of her own background.

To what extent, then, has Joanie changed in relation to the criteria that were developed? There have been changes in *attitudes*. Joanie feels differently about herself as indicated by the dramatic change in her appearance, her feelings of being accepted rather than rejected by others, her increased acceptance of her family and her own cultural background and, most importantly, her insight into her own feelings

and behavior. Concomitantly, there are changes in her attitudes toward other people. She has greater acceptance of differences in the backgrounds, problems, and limitations of others, including members of her family. Her attitude toward authority has changed. She shows greater ability to listen to and accept the ideas of other people, also.

Joanie's *relationships* with other people have changed. She now uses the social group worker for help with her problems, rather than withdrawing from her. In the group, she accepts and is accepted by other members as contrasted to earlier frequent mutual rejection. She can now express verbally her feelings of warmth for them. She no longer is a center of fights: she is able to accept other members' feelings of being rejected. She is the indigenous leader in discussions of values. As contrasted to her earlier shifting relationships with only one friend at a time, she has more friends and can maintain friendships. She now relates to youngsters whose behavior is socially acceptable rather than to those with antisocial patterns. She gave up membership in a delinquent gang. She is no longer promiscuous and has dates with a boy whom she respects. Her relationships with school personnel have changed dramatically, with every trace of antisocial rebellion eliminated. In her family, she is more able to relate to her father as he is, accepting his strengths and weaknesses. She still feels some rejection by her mother but is able to handle this better. She no longer fights and defies, but rather attempts to understand her mother. Likewise, although there is still some problem of rivalry with her brother, she is able to face this and is somewhat more able to handle it.

Other behavior of Joanie has changed. Her language has changed from frequent and extreme obscenity to that typical of her age group. There has been continual improvement in her school performance, both scholastically and socially. She has completely stopped a five-year pattern of stealing. She no longer fights or defies other children, parents, or school personnel.

Joanie was judged to have made marked progress in relation to all three criteria.

Fourteen summaries of individuals were read, judged, and analyzed by members of the committee. The members of groups who were rated included children, adolescents, young adults, and adults. They were in groups in settlements, Girl Scouts, hospitals, and special agencies serving adolescents with problems. Ten of them showed improvement in relation to the criteria; two made no change; and two regressed. Of

the ten individuals who were judged as having improved, the amount of change varied from one person's making slight change to three persons' making very marked changes in all areas. The amount of change in the two individuals who were judged to have changed negatively was very slight. There was obviously excellent agreement among the five judges. In no instance was there a difference of more than one step in the evaluation of the amount of movement and there was no difference in the evaluation of the direction of movement.

The description of the committee's results in judging movement was presented to demonstrate the preliminary testing of an approach to evaluating what happens to individuals through an experience in social group work, not as a report on the results of a scientific research project. If a movement scale is to be developed for use in social group work, much more work must be done in testing the applicability of the criteria, developing steps on a scale, and testing for reliability and validity.

The final step in evaluative research of ascertaining whether the change that occurred was the result of the service or was due to some other cause was recognized as an important one which must be taken in the future. The use of projective tests of members before and after a group work experience, the use of rating scales, follow-up interviews with members after the lapse of a period of time have potential value for judging the validity of ratings of movement. Ultimately, the controlled experiment, in spite of all the difficulties in its use because of the number of variables in people and their situations, must be used in order to know whether, in fact, the change was caused by the social work service.

What, then, are the conclusions? Perhaps it would be better to consider them frankly as hypotheses for further testing. The study has suggested that there are general objectives of social group work that hold true regardless of the setting in which social group work is practiced and that the same general criteria can be applied to the study of individuals receiving group work service. It has suggested that individuals are helped, through social group work, to change their attitudes toward themselves and other people, to improve their relationships with others, and to behave in a way that brings them satisfaction and that is within the expectations of society. The study has suggested that social group workers can agree on the amount and direction of movement made by individuals in relation to the criteria. It has indicated that records can be prepared which are suitable for use in a study of movement but that most workers need considerable

help in learning to write such records. Social group workers need now to focus on their skill in recording individual progress just as they did earlier in recording group process.

The most important conclusions of the project, however, have to do with increasing understanding of and skill in the direct practice of social group work. Attempting to evaluate the movement that occurs in individuals forces us, as social group workers, to clarify our general goals and the more specific objectives for each individual. It forces us to face the fact that some persons benefit more from group work than do others and that, indeed, some persons seem to be hurt rather than helped by our efforts. It forces us to raise questions that may lead to finding reasons for the movement. Why are some people helped more than others? Is it due to differences in the quality of the service? Is it because social group work is especially effective in helping persons with particular characteristics, socioeconomic backgrounds, or psychosocial problems? Is movement more or less rapid in groups of certain sizes, with different forms of organization, having different criteria for group composition? Is movement related to the facilitating or impeding policies, facilities, and procedures of a given agency, or the differential ways in which workers use these elements of agency setting?

In conclusion, efforts to clarify the goals of our service, refine our understanding of the practice of social group work, and evaluate the results of our service are equally important. They are interrelated. Progress in either area leads to progress in other areas. Furthermore, group workers who sincerely try to evaluate the effects of their work on individuals will undoubtedly find new challenge and new excitement in their jobs.

Emerging patterns in the use of program in social group work[1]

FRANCES P. GUZIE

From where we sit in the center of the United States, in the Twin Cities of Minnesota, this is what we see in program in social group work practiced as a method in this "helping profession of social work." For our facts we rely on exchange of ideas with group workers nearby and on the written words of those far off.

We see program as a "tool" to group work as little changed as the wheel of transportation. Modern improvements have changed the style of the body and the efficiency of the motor, but the wheel is still round. Program looks a little different, too, but it is still the same composite of activities which carry out our goals.

The goals have not changed either. We still aim for the highest potential in each individual turned to actual by way of his practice within the group.

As for the group, it is still the basic, *true* proving and improving ground, that minute collection of individuals who in their interaction, one with the other, and guided by that disguised "member," the worker, move toward realization of their own unvoiced goals; ultimately toward termination because of fulfillment. Program has not changed much.

As long as there are little boys, program will be bikes and bugs and baseball; as long as there are little girls, it will be crafts and cooking

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[1] This paper is based on the result of a study of program developments in the Twin Cities conducted by a committee of the Group Work Section of NASW.

and cutouts; as long as there are teenagers, it will be dates and dances and discussion. As long as there are young adults, it will be sex education and marriage preparation and coed recreation.

But—here comes a pattern—maybe the reasons for program have changed. Time was when we planned program to fulfill needs we labeled adventure, new ideas, excitement. Now maybe we know that shifting populations, mobile families, lengthened leisure, and lightened labor have spelled increasing insecurities, so program aims to build in belonging, to insure caring about another's person or property, and to reassure steady relationships.

Today's world is a scientific, soul-testing place. People search for reasons to their atom-sized spots in the scheme of civilization. They do not always see that each individual, atom-sized as he is, makes chain reaction of good or bad possible. The group worker knows this and concentrates more carefully on the individual and his eventual effect on his group, his town, his country. This he does from his knowledge of dynamics—the "reactors" we might say of interaction—and from his skill in influencing behavior, the worker has the power to spread behavior even as a chain reaction. Is this not another pattern?—intensifying the concentration on the individual, his belongings, his acceptance, his growth, his satisfaction in his worth and special spot in society.

Although program, the tool, has basically not changed, it appears from here that the tool user has. The group worker has become more skillful in his use of his most valuable tool. It has taken some thirty or more years, but now program is used—and with a considerable degree of predictability—as a diagnostic tool, as a safety-valve to teen-age temper, as education, as a preventive measure in constructive leisure, as a planning device in execution of jobs. Name it—that tool, program, can be planned for it—not with ethereal enthusiasm and crossed fingers alone, but with sound judgment and reliable forecasting of outcome. So here is another pattern: the group worker increases his skill, but with conscious purpose as his base in the use of program. There is still another, this one sort of subpattern of the previous one. The group worker has searched and found wise ways of splitting himself into many people. He has become many-handed and many-headed through training aides, nonprofessionals, other oriented personnel who do, under supervision, jobs that multiply daily as more fields find use for the group worker's skill with people and relationships.

This leads into the final pattern that emerges clearly over the

country. As the conscious skill of the group worker and the results of his method become evident to the worker and his field, social work as well as other fields lend fertile frameworks for practice. Psychiatric settings, recreation settings, hospitals, prisons, correctional institutions, schools have been invaded (so to speak) by group work as a method. And as the group worker moves across the borders of other professions to feature in teamwork with other orientations, he becomes more mobile in his own traditional settings. The floating worker has moved to street corners, bars, drag strips, to housing projects, to suburbs. He has moved to the aggressor role—a worker on wheels, on the move to any setting that needs him and his method.

We have enumerated several patterns that are current and emerging in the use of program in social group work. First, the needs that program fill may be changing. In place of adventure needs there are security needs; in place of excitement and new ideas there are needs for creative relationships. This we see as due to the changes in our society. Some of the conditions that influence us are the increased mobility of the population, rapid suburban growth, the higher level of general education for the average person, increased attempts to serve the client in his own environment, and increased use of group work in authoritative and institutional settings.

Regardless of these new conditions and our modified goals, however, all program is still used in two ways: (1) in evaluating the individual and the group; and (2) in realizing the goals set for the individual and the group. First, as each member responds or does not respond to an activity, to the physical arrangements of the room, and so forth, we learn something about him. The process of evaluating his responses to program continues through all of our contacts with him, as we constantly study his responses and appraise them in the light of many other factors in his and the group's life. Each new bit of program offered him and its timing must be based on this ongoing evaluation, and on this evaluation are based the goals that are set for individual members and the group as a whole. Incorporated in these goals must be the defined and realistically obtainable objectives the group holds for itself, the reasons why individuals want to be and continue to be members of the group, and the reasons why the agency is sponsoring the group and its program.

In its broadest definition we may say that program aims at bringing about changes in attitudes and changes in behavior in the members individually and as a group. More specifically, program hopes to provide the basic security and meaningful relationships that will permit

growth and change in attitude and behavior. Let us take Nina, for example.

Nina was a loud, aggressive girl who was unpopular with adults and peers alike. The fact that she was physically handicapped and unattractive did not improve the situation, but it was eventually an important part of her being helped by the settlement house workers. When her eighth-grade classmates organized a club, she was the only member not included. The members rationalized her exclusion by saying she would not be able to walk fast on hikes, and would not fit in well at coed parties. After the club had been in existence a few months, a new girl moved into the neighborhood and into the class. The club wanted to invite her to join, but felt they could not do so without also including Nina. People would think, they were sure, that it was Nina's handicaps which kept her out of the club. As a matter of fact, Nina felt that this was the case and was becoming more difficult than ever at home and in the neighborhood. After considerable discussion both the new girl and Nina were invited to join, and an elaborate initiation was planned, complete with flowers and a new club song.

From the moment of her invitation to become a member, Nina showed a significant change in behavior. She became more relaxed, quieter, more socially acceptable. When the group went to camp during the following summer, Nina surprised the group by being an unusually powerful swimmer. She was soon helping the girls to improve their strokes, and those afraid of the water insisted she be present when they went swimming. When hikes were planned, the most conscientious girls walked in the back to keep her company, and soon found they really enjoyed being with her. These new friendships, the new security in herself as an adequate person were necessary before Nina could give up her old patterns of behavior. Somewhere along the way she decided she would like to be a group worker herself, probably because she recognized the value of her own group experience. After graduating from high school she had correctional surgery done on her crossed eyes, and before she could get started on her social work career she married a young clergyman and is helping with youth activities in his church. Perhaps she,too, will help someone to find the security and relationships to change attitude and behavior constructively.

Another interesting aspect of program has been seen in several agencies when family units were involved in special activities. Family camping, regularly scheduled family nights, and father-and-son clubs have proved most successful, but have demanded different programing because the needs of such groups are different. At family camp, for example, some times during the day were set aside for total family activities, while during the remainder of the time special program was planned for each age group. Activities for preschool, boys and girls,

teenager, and adults, all vary in content according to the needs of the group. Also having special needs, both in camping and in the community, is the large group of senior citizens with increased leisure time. Nearly every multidiscipline agency in the Twin Cities area is sponsoring some kind of program for the aged, and because of their special needs, many special activities have been developed.

For all groups, regardless of age, a really basic need seems to be an opportunity to plan and carry out their own program activities. Time was when all program was worker-initiated. Then, seeing the satisfactions group members can get from their own planning, we began to allow, then to *expect* the members to do their own programing. Today, as we base our programs more and more on the needs of the group, we find ourselves comfortably able to assume or share responsibility as the situation merits.

The second major trend we see in current group work program is that the individual in the group has become the focus of concentration even more than in the immediate past. Perhaps some of this emphasis on the individual is related to the expanding use of group work in clinical settings, such as child guidance and mental health clinics and correctional settings. However, there seems to be an increasing tendency, even in the so-called traditional settings, to plan and use program to meet the needs of individuals in the group as well as the group as a whole. The skilled group worker uses activity and discussion to help all members of the group benefit by this individualization process. The creative relationships that are such an important need for each of us develop rapidly in an atmosphere where concern for the needs of each individual is shared by the group. A record of a meeting of a group of patients with convulsive disorders who were outpatients at a large general hospital includes the following material:

> At this point Mary spoke up and I felt that again in this meeting it was mainly focused on one member of the group, and this time it was Mary. She said very vehemently that she certainly has difficulties with her family. Her father and mother are separated and when she speaks with her mother she feels that she has to defend her father, and when she speaks with her father she feels she has to defend her mother. She said that none of her family has ever been very warm toward her, and that her father prefers her stepsisters. With mounting emotion she told about the fact that she cannot forget the picture of the day when her father was leaving the family. She had held tight to his trousers and screamed that he should not leave them. He slapped her across the mouth and threw her across the room and said he would leave anyhow. She said that she could never forget this, but had never talked about it before. I asked the

> others whether they understood what had hurt Mary most. They very quickly realized, and John said that certainly what had hurt her most was that her father didn't seem to care for her. And certainly it must hurt her to see that he now cares for others. Ralph said that she must be jealous of her stepmother. I said that certainly it is difficult for her to see that her father does like other people, and at this moment she was hurt by the man she loved first in her life. And then it was at an age when every child is dependent on an adult, and to be pushed away is horrible. Ralph added, "Yes, she really dislikes her father, but she thinks she dislikes her stepmother."

The support given by two members and the worker to Mary was not only a source of comfort to her, but one of mature satisfaction for the other group members.

The third noted trend is that the worker's skill is underlaid with purpose and conscious practice. Professionally, we have become predictors of the outcomes of our practice. The time was, when group work was seen as a preventive mental health tool which kept people busy and active, and hence out of trouble with family, community, and the law. Casework was the treatment method and if a group member found himself in difficulty he was referred for individual treatment. Neither caseworkers nor group workers could accept such a dual approach and since treatment and therapy had such high status, everyone emphasized this aspect of his job. Prevention was not often mentioned—but people who were really integrated into community programs with others were somewhat less prone to have serious problems. They moved into new situations with less stress and strain; they knew where to get help if they did have difficulty; they knew how to make friends and find satisfactions in living. Somewhere along the way group work was bound to become more aware of its job as a preventive process, and consciously direct its program activities toward preventing social problems. Every group worker can think of examples of program used to prevent an impending disaster. A change in weather, a restless mood, or some other unexpected situation can make a quick change in program an appropriate preventive measure. This kind of spontaneous prevention is being supplemented by more skillfully and strategically planned programs aimed at preventing difficult social situations and disturbing emotional and social problems in group members.

In addition to prevention, program is used consciously as a diagnostic tool. When group workers began to work in child guidance clinics and treatment centers for children, members were often referred to the group worker with the words, "Let's see how he does in the

group." The group worker's job was, and still is, to observe the child as he interacts with others, as he uses equipment and activity, and as he relates to the group worker. By skillful program planning, however, the group worker can facilitate his observation and diagnosis in the group setting. Of course, not all program is planned, and the ability to meet a new situation with a spontaneous but purposeful program is the highest skill of the good group worker. The conscious over-all plan is the framework into which all program must fit.

Another use of program made more conscious and purposeful is that of limiting or controlling individual and group behavior. A correctional setting working with teen-age boys reported a great deal of acting-out behavior in the kitchen of the institution. This was extremely disturbing to the housekeeping department as well as the staff working directly with the boys. When it was noted that the only time the boys were permitted in the kitchen area was when they were on a work detail, the staff decided to use some programing to relieve the situation. Easter egg dyeing, fudge parties, and evening snacks were planned in the kitchen and as a more favorable attitude developed, the acting-out was gradually relieved.

A further example of program used to control behavior was seen in an outpatient psychotherapy group.

> One of the patients was extremely agitated and anxious. For three consecutive meetings she had monopolized the time and therapists by talking of her many fears and problems. Because the other group members were sincerely sympathetic toward her, they found it difficult to interrupt or control her recitation of complaints. However, they were becoming quite frightened by her picture of life in a community, and angry that they were not getting time for their problems. The two therapists (a psychiatrist and a group worker) considered the situation together and decided to change the format or program a bit and use a more structured discussion plan for a meeting or two. At the next group meeting, the members were asked to direct their thinking toward good mental health or emotional maturity and to consider their problems in terms of variations from emotional maturity. The group responded enthusiastically to this approach and were able to use this planned program to control the excessive complaining of the problem member. Each time she described a trying situation they could, with sympathy and tact, relate her contribution to the over-all discussion on mental health—and add their own comments.

Certainly not all group work program is directed toward problems—preventing them, finding them, or controlling them. A very large and valuable portion of our jobs is enabling group members to mature,

expand their interests, and improve their capacity to live effectively. It is in this area that the youth-serving agencies such as Camp Fire Girls and Girl and Boy Scouts make their greatest contribution. A description of program for Bluebirds (the 7–9 year-old group of the Camp Fire Girls) is a good example of purposeful programing.

The program for girls ages 7–9 is basically a play program. The emphases in the program are: (1) helping a girl to change from the "I-feeling" to a "we-feeling"; (2) helping a girl to be able to appreciate her feminine role in the changing society.

Program suggestions directed toward the second emphasis include:

1. Girls act as hostesses when bringing treats in turn.

2. Trips are taken to such places as the dime store to shop for supplies for a craft project, to the grocery store to decide on food (what kind of topping is best for ice cream, and what is the kind we can afford), and to see how the meat is kept, vegetables packaged, and so forth.

3. Groups enjoy doing such things as baking cookies, decorating chairs for their meeting room, making aprons to play hostess, planning menus for a hike-supper.

4. Parties for mothers are grown-up lady parties; for fathers they have wiener roasts and then play active games, and have a dad-daughter box social and decorate the boxes as beautifully as possible for the daddies.

There is nothing really new here—except that these simple program activities have been purposefully planned to meet specific needs of group members, and program has been consciously and effectively used in carrying out the basic social work aim mentioned earlier, helping people to live more comfortably and adequately with their total environment.

There are so many agencies and settings involved in these jobs of preventing, diagnosing, treating, and expanding horizons that the social work profession is hard put to find group workers to fill all the needs. It is not at all surprising, then, that the group worker has become a trainer and teacher in the use of his methodology and his approach to people, thereby doing more in his setting. Supervision of volunteers and other group leaders has been a part of the group worker's job for a long time. In some of the newer settings, such as hospitals, correctional settings, and schools, a full staff of other professionals is on hand to work with the clients involved. One by one they have recognized the effect on their members of living and working

in a group, and have sought help in dealing effectively with group dynamics and individual and group behavior. For example:

> In one large hospital setting a group worker was appointed to start a group work program and provide field work instruction for social group work students. He was met at the door with eager requests for classes and consultation for nurses' aides, occupational therapists, and even medical students who wanted to learn more about working with groups of patients. It was fortunate that staff development meetings with the group worker started early, for as the patients on each ward were encouraged to come out of their private rooms and act together as a group, the whole ward changed character and the staff had to learn a completely new way of dealing with their jobs.
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> On one station, several of the patients were working through some problems individually that related to authority figures, particularly controlling mothers. One or two of them began to overreact to hospital rules and the nurses who enforced them with all of the anger they were feeling toward their own relatives. The hostility spread through the group like chicken pox and soon the patients became an army of defense against the much bewildered nurses. Group phenomena among the staff ran true to form, and they armed themselves with more rules and rigidity to control the patients' demands. In the staff training sessions, however, the group worker and the ward doctor helped the nurses to see what was happening and to try new ways of working with the problem. These same nurses, as well as aides, orderlies, and occupational therapists were soon encouraged to act as staff representatives with small patient project groups such as activity planning and ward management committees.

The group worker there indeed became "many-headed," and the gains have been experienced both by the patients and the staff members who found increased job satisfaction.

Certainly related to this trend of group workers' becoming trainers and teachers is the need for the skills of group workers in other fields and in unorthodox settings. The creative approach of pioneering group workers has sparked this "spill-over." The challenge to be imaginative and flexible is being met by quite a flurry of excitement in the Twin Cities as we try new ideas, reconsider old taboos, and boldly venture into all manner of strange new situations.

The settings in which group work is practiced certainly would merit some consideration here. The so-called "traditional" settings—the community centers, youth-serving agencies, and so forth—continue to be the home base of good group work practice. But their work with individuals and groups has taken on some new aspects in recent years. Staff members affiliated with the community centers strike out for days

at a time to set up program in a school or church "extension," or to involve people in a housing project in a group work program within its own area. It is not unusual any more to find a group worker going down to the drag strip, pool hall, or vacant lot to establish himself with a group, rather than waiting for them to come to him. One Minneapolis agency has a position called "floating worker" whose setting is admittedly not established. According to this agency, the job description for a floating worker requires that he be: (1) flexible, able to be in the right place at the right time; (2) ready to move with the group—unhampered; (3) able to move the group from "gang" to club; and (4) able to relate client to community outside of the gang-group.

Other group workers have actually become affiliated with agencies and settings which have not used group work services before. For a long time, schools, camps, children's institutions, and other group settings have been aware that a group of people is not necessarily the sum total of the individuals involved. The individual in the group is not always the same as the individual alone, and the group under one set of circumstances is vastly different from the same group under other circumstances. Sometimes the group has a very desirable effect on an individual or an individual has a very valuable influence on the group. Sometimes, to be sure, the make-up of the group or the approach to the group of one individual has a strangely disquieting effect. If this influence of the individual on the group and the group on the individual can be exploited—the benefits preserved and the negatives controlled—these settings may see a real improvement in their ability to help their constituents or clients. They turn to social group workers in the hope that they have some answers and some skills along these lines.

At first the experience of group workers in the settlements and youth-serving agencies were adapted to new surroundings, and later social workers were trained especially for work with groups in very specialized settings—child guidance clinics, residential treatment centers, correctional institutions, churches, hospitals, and mental health agencies. Into each new setting group workers brought their program skills, and with vision and imagination they found original and highly successful activities to accomplish the goals of the new settings.

In these newer settings, as well as in many of the traditional ones, group workers found themselves working with groups of new kinds, with different needs and different problems from those of most old

typical primary groups. A group of mentally retarded adults in a community center, a group of delinquents (not predelinquents) on a street corner, a group of multiple sclerosis victims adjusting to incurable disease, a group of parents considering the probationary status of their offspring, a group of churchmen seeking ways of involving whole families in the program of the church, or a group of prisoners on a work detail of a totally involuntary nature—these are some of the new assignments that group workers are tackling, with all the program ingenuity at their command. For some, the focus of program is to help ventilate and express feeling; for others, it is to increase understanding and point the direction for individual effort; for many, it is reconstructing an acceptable behavior pattern from the aims and abilities of those whose problems have proved overwhelming.

One of these new and somewhat unorthodox groups was the "Crime Prevention League" developed by the floating worker mentioned above. For a time the worker got acquainted with the group in *their* setting, the beer parlor or the street corner. The program, neither conscious nor purposeful—but certainly flexible—consisted of "swapping stories," drinking beer, and gambling. With patience and understanding of the needs of the group, the worker helped them move from a loosely knit gang (whose membership depended on how many were out of jail), to an organized band of "probation-graduates" who were amalgamated into an agency-sponsored hot rod club. One delightful element in their program planning was their need to set a good example for the younger children in the community. Their chief gain was probably the direct result of good programing—the group gained confidence in ability to have fun without getting into trouble.

The hot rod club sponsored by this particular agency calls our attention to the wide variety of program activities being used in this flexible new approach to group work program. Total agency function, including such necessary mechanics as intake and orientation, are seen as real opportunities for good programing. An adoption agency has found group discussions to be an excellent first step in intake with prospective parents. An agency that depends on foster home care for its clients has regular group programs to keep the foster families informed and enthusiastic. A group worker in a psychiatric setting meets with the nursing staff to help them discuss, analyze, and ventilate about their jobs and the demands made on them. All this is group work program. "It might work, it is legitimate to try it" seems the motto of these program pioneers. It seems a long time since anyone has talked much about the standards repre-

sented by the group worker or the appropriateness of an activity to his professional position. These are not forgotten or overlooked, but our real focus is to *help people,* and if a given program might conceivably help, the sky, the law, and the budget are our only limits.

Changing needs, increased individualization, more conscious and purposeful programing, expanding the method by teaching others, and moving into a variety of new settings—these are the trends we see in program in group work. As each group work agency expands its program and as each new agency adds a group work program, we see an increasing need for community integration. We cannot say that the Twin Cities have gone very far in an intergroup program which will provide for good community integration, but there is real concern in this area, and awareness of a need for good community-wide planning. Some of the considerations involved in such an integrating program will undoubtedly be the gaps in group work service, changing conditions and their effect on present program, joint planning to meet needs of new groups, and a critical review of group work programs which have not proved successful.

And so we see group workers using program, consciously and effectively, toward individual and group goals in varied settings with novel and flexible techniques. Group work sounds like an exciting new crusade to conquer the ills of the world—and it is. But we must all be certain that this forging ahead is purposeful and realistic and not beyond our capacity to do an adequate job. As we make increasingly specialized use of basic skills, we must not lose sight of our position as a method in social work with the all-important goal of helping people—individuals and groups—to live more comfortably and adequately with their total environment.

Social group work with children in a general hospital

CAROL YOUNG

Social group workers are continually challenged to deepen their knowledge and refine their skills in relation to the particular needs of the individuals, groups, and communities which they serve. Group workers practice in agencies as diverse as the human problems which prompt their existence. Adaptations in practice are determined by the agency's primary focus. To each setting, workers bring generic concepts, principles, and methods, and translate them into the specifics of the helping process. It is the purpose of this paper to consider the practice of social group work with children in an acute, general hospital.

The University of California Medical Center in San Francisco is devoted to teaching medical, nursing, and ancillary personnel; the provision of medical care; and research. The pediatric inpatient service provides diagnostic and treatment services for children (infants through 14 years) with acute illnesses that require medical or surgical care. Toward this end a team of specialists work together, including doctors, nurses, medical social workers, dietitians, physiotherapists, laboratory workers, mental health consultants, clinical psychologists, school teachers, social group workers, and students assigned to the various services. The pediatric floor has a capacity of sixty-six beds, most of them arranged in four-bed units. The physical facilities are

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modern and attractive, and include a solarium which is used as a playroom as well as an outdoor cement deck which can be used as a play area in good weather.

Children are referred to this center from all parts of the state, and sometimes from other states. The patients represent the racial and cultural groups of our national population and the variety of diseases and injuries to which children are susceptible. Each brings the totality of his life experiences and these, along with his specific physical disability, determine his treatment, his reactions, and the kind of help he needs. Hospitalization may be as short as the overnight stay required for a tonsillectomy or, rarely, as long as five months for diagnosis and treatment of an unusual condition. The average length of stay is seven days. The following cases are illustrative of the children included in the hospital population:

Sandy was an active, healthy boy of 8 until he developed a bone infection which necessitated a leg cast for an undetermined period of time. At the hospital he raced up and down the hall in his wheelchair, at risk of life and limb, as if the most important thing in life was to prove that he could still keep up with others.

Susan, an attractive little girl of 7, had a chronic problem of urinary incontinence which excluded her from many activities with her contemporaries. Surgery corrected her physical condition but other scars remained which required attention if she was to lead a normal, happy life.

Janice was a 15-year-old diabetic whose condition was out of control because she refused to accept it and threw all of her adolescent fury against a mother who tried to control it for her.

Bert was an alert 10-year-old who was described as a problem at home and school because of impulsive, erratic behavior. Diagnostic tests revealed a convulsive disorder which could be controlled by new drugs. Bert described himself as "crazy" and, in the future, will need large doses of patience and understanding, in addition to the drugs, to help him build a new picture of himself and his potentialities.

Harriet, age 12, had a congenital eye defect and had missed many of the experiences of a normal childhood. She retreated to a world of her own, and lashed out with caustic remarks at others who could move about freely and who so often left her alone.

The social group work program was initiated with two stated objectives: (1) to improve patient care through a program that would promote the child's adjustment to hospitalization; and (2) to utilize the group worker's contribution in the teaching programs for students and staff. The social group worker's functions include direct service to patients, participation in teaching programs of the various services,

and administrative responsibilities related to the development of a new program. The material that follows deals primarily with the worker's direct service to patients.

As part of the total medical treatment program, social group work service exists to help each child derive the maximum benefit from his period of hospitalization. The establishment of this service indicates recognition of the social-emotional aspects of hospitalization and concern for the total well-being of the child.

Each child enters the hospital community as a stranger, in a state of physical and emotional stress. He is separated from supportive relationships with family and friends, the environment which is known, and activities which are familiar. The hospital confronts him with beds which are very high, food served in unfamiliar ways, awesome apparatus and equipment, a bewildering number of people in uniform, the prospect and reality of frightening and painful medical procedures. He finds himself living in close association with children whom he does not know, whom he might not choose as friends, but on whom he is dependent for emotional support. Physical pain, discomfort, or deformity make him more vulnerable to the anxiety-producing elements in this new situation and less able to mobilize his strengths to cope with them.

To make the best use of medical treatment the child must feel relatively secure in the environment and comfortable with the people who care for him. He needs supportive relationships to be able to tolerate anxiety-producing and painful experiences. He must be given opportunity to express that part of him which is *well* in activities which are appropriate to his age, interests, and physical condition so that he can accept constructively that part of him which is sick. He must, of necessity, accept increased dependency but he should also be given opportunity to exercise his capacity for self-determination and be helped to express his feelings—both positive and negative—in socially acceptable ways. Hospitalization isolates him temporarily from the outside world and demands the focus of his energy on the highly personal, immediate matters of treatment and recovery, but he needs to be kept in touch with the world outside—with the activities of his home and the community to which he will return.

Concern for the total well-being of hospitalized children necessitates planning for an environment which is conducive to healthy growth and development, and requires more than "shock-absorber" service to help the child adjust.

The group worker starts with children who are strangers, isolated

by their own insecurities, and establishes a relationship with each child through which he can relate to others. In the initial contact, the worker uses all her diagnostic skill to evaluate the child's physical, mental, and social capacities, the degree of his distress, and the ways in which he attempts to handle his feelings. Because he is under stress and frequently unable to communicate verbally, she must be particularly sensitive to the feelings expressed through the language of behavior. The group worker uses every available resource to add to her understanding, including information on the medical chart and observations of other staff.

During his first hours in the hospital, the child comes into contact with many new adults, each performing a specific function in relation to his medical care. In the group worker he finds someone whose primary function is to help him feel more comfortable with himself and with others in this new environment. From her he gains assurance that his feelings are understood and accepted, that he will be allowed to move at his own speed, and that he can depend on support along the way. Sensitive to his physical and emotional readiness, she helps him to move step by step into supportive relationships with others. His most immediate need may be for close physical contact with someone who is calm and undemanding; he may need answers to questions which will reduce the frightening quality of the unknown; he may need something tangible to hold—a plaything which has pleasant associations from the past; he may need to express his anger overtly without punishment or rejection. The initial contact with the child assumes new importance in a setting where the helping relationship must be established quickly if it is to have any meaning. Each contact with each child calls for the commitment of the worker's highest degree of skill and fullest investment of the self in a meaningful relationship. The worker's response to the child's needs at this point will determine, to a large extent, the help which she can provide during his hospitalization. In an environment where other relationships constantly shift and change, the relationship with the worker must be secure enough to have the quality of a constant.

The worker's use of the one-to-one relationship has new significance in an agency where the focus is on the treatment of individuals. Group work service is viewed as an additional diagnostic tool and the worker is responsible for sharing her evaluation of the individual with other staff through participation in conferences, rounds, and notes in the medical chart. This requires a sharpening of her diagnostic skill and the ability to use each contact purposively.

Social group workers are accustomed to working with individuals in groups that have some continuity over a period of time. In the hospital, relationships with children are of short duration, but of greater intensity because the worker shares the total life experience of the individual while he is hospitalized. In this setting, the worker becomes acutely aware of the qualitative dimension of time and the particular significance of each moment. She continually relates to new children and helps them to relate to others. She must be sensitive to changes in relationships which are occasioned by new admissions and discharges, by changes in physical condition, room moves, special tests, treatments, and surgery. Because of such rapid change, the worker has to do most of the planning and "structuring" which would ordinarily be done by group members. The playroom becomes an important center for activity and represents a person, a place, and a time for doing things together. It is open to all children who choose to come and who are physically able to do so. Of fifteen to twenty-five children who may be gathered at one time, some are ambulatory, some are in wheelchairs, some confined to bed. The age range extends from 3 to 14, although many of the activities for preschool children are carried out in their rooms. A child may participate throughout the afternoon hours or he may stay only a few minutes, depending upon scheduled treatments and other factors. A child who is confined to his room for medical reasons will be served either by a group worker or his nurse.

The worker encourages relationships, affects groupings, and initiates activities on the basis of her understanding of the individuals involved. Children new to the environment need time to look around, to explore the contents of the toy boxes, to watch and listen. As they discover playthings that are familiar, they usually become more comfortable. Objects, materials, and activities which satisfy common interests have a magnetic quality. The shy little boy who builds a tower of blocks by himself in the farthest corner of the room usually discovers that he has the company of other little boys who are bent on construction—or destruction. Relationships hang in the balance, and the worker has to give support to the constructive potentials in the situation. The worker plays an active role in bringing children together around activities which are purposively used to help them get acquainted.

Ingenuity is required to plan and adapt activities in terms of the physical limitations of the children. The worker learns "to accentuate the positive" in helping children use capacities that are intact and

movements that are medically permitted. For example, the child with both eyes bandaged after eye surgery will be able to participate in group singing, play an instrument in the rhythm band, contribute to verbal games, listen to stories, or join in clay modeling. The child who is immobilized in traction can join in all but the most active games, if materials are prepared for him and he has help in using them —he can even participate in a game of ring toss when it is discovered that the bed bars make excellent targets!

Through supportive relationships with others, children can be helped to express their feelings about the experiences of illness and hospitalization. In spontaneous dramatic play, they can act out difficult aspects of medical treatment and assume the omnipotent role of doctor, nurse, or other staff. Activities can provide many opportunities for the safe release of aggression and hostility which might otherwise block the child's use of medical care. The following material illustrates the help and reassurance which can be offered when the sharing of experiences is directed toward positive ends:

> Jean was called from the playroom for a blood test and returned holding her arm and looking very unhappy. She accepted an invitation to sit on the worker's lap and watch a game in progress. Dan talked of the first time he had a blood test and said with great bravado that he hadn't been a bit afraid. Bruce replied slyly, "Oh yeah!" Louise recalled her first test and said she had been afraid but that it wasn't as bad as she expected. Dan admitted quietly, "I guess I was a little afraid—but I didn't cry." The worker said that blood tests were not fun and that most people were afraid, particularly if they didn't know what to expect. Jean asked, "What are they going to do with all the blood they took out?" The worker reminded Jean that only a little blood had been taken, although it looked like quite a bit in the tube, and explained that her blood could help the doctor in getting her well. Dan recalled a television program which showed the circulation of the blood through the body. Bruce added something he had heard at school, that the body is always busy making new blood so "it doesn't make you sick or anything when they take a little out." The worker confirmed this. Jean looked at her arm, said "It's all over now," and suggested that they return to the game.

The worker in the hospital must be particularly sensitive to the potentialities of each situation and skillful in the use of program materials. It is seldom possible to make specific plans because it is seldom possible to anticipate exactly what the next hour will bring. The worker must have program skills at her fingertips and be able to use them appropriately.

Parents also play an important role in the child's adjustment to

hospitalization. The group worker has an opportunity to work with the parents as well as children during visiting hours when they participate in playroom activities. Parents are usually pleasantly surprised to find a playroom, an organized program, and group work personnel included in the hospital services. This discovery reassures them of the hospital's interest in their child and relieves their anxiety about leaving the child in a new environment. They welcome an opportunity to have things to do with their children during visiting hours when verbal communication is often strained and awkward.

The child's feelings about the hospital and the people who care for him will be influenced by the way his parents feel about these things. Anything the group worker can do to help the parents feel more comfortable will also help to promote the child's adjustment. In the informal atmosphere of the playroom, parents will often ask questions of the worker that indicate areas of concern not present or not expressed at the time of admission interviews with other staff members. In some instances the worker answers specific questions; more often, she interprets other services and helps the parents to make appropriate use of them.

To establish and maintain helpful relationships with parents who participate in activities with their children presents a number of challenges to the worker. She must recognize that surrendering a child to the care of others is a difficult and threatening experience for all parents and may affect their reaction to the worker and the services which she can offer. Some parents will need to keep the child in his own room to themselves and away from relationships with others. The worker accepts this need and gives evidence of her understanding by the provision of play materials in the child's own room. Some parents who accompany the child to the playroom are unsure of their role. They may watch passively or limit their attention to an exclusive activity. Others, more secure and sensitive, are able to help their child establish relationships and can give some attention to the needs of other children. When their own child is secure enough, some parents can take a helping role in the activities and are pleased to *give* in an environment where they often feel that there is little they can contribute.

In cases where the parent-child relationship is poor, the worker may feel that the presence of the parent will limit her helpfulness to the child. However, it also presents an opportunity for influencing the relationship in a positive manner, as illustrated by the following experience:

Group work with children in a hospital

From the minute Mrs. J and Peggy (age 8) arrived in the playroom, it was obvious that the mother was exceedingly critical of everything the child said or did. She commented on the state of Peggy's hair, inquired searchingly into what she had eaten for lunch, and scolded her for not "sitting still." Peggy, who was hospitalized for the treatment of asthma, appeared tense and withdrawn as she watched several children fingerpaint. She nodded a rather tentative "yes" when asked if she would like to do this too, and looked to her mother for her reaction. The mother said that Peggy would have paint all over herself and everyone else. The worker agreed that finger paints were messy and that this was why we had cover-all aprons, so that we could have fun without the worry of getting paint on our clothes. She pointed to Jim, in bed, and said we even had plastic covers for the bedclothes so that Jim could use the paints too. Mrs. J accepted this explanation to the extent that she did not object when Peggy chose an apron from the table and put it on. The worker prepared a place for Peggy at the table, with paper and paints, and another chair for her mother. Compared with several of the other children, Peggy was very inhibited in her use of the materials. Her mother, unable to relax her control of the child, said with exasperation, "Well, why don't you put paint on other parts of the paper?" and reached into the paint and dipped some onto the paper. The worker reached for another apron and asked if Mrs. J might like to try to paint, too. Mrs. J wrinkled her nose at the idea, but soon began to use the materials. In a few minutes, she asked the worker for additional paper for Peggy and "one for me, if you have enough." She talked of the possibility of using fingerpainted paper for Christmas cards or a covering for wastepaper baskets. Peggy became more free in her use of material and at the end of the afternoon, mother and daughter cleaned up together.

Observation of the parent-child relationship adds much to the worker's understanding of the child and often highlights information which should be shared with other staff. She might find indication for referral of the parent to the medical social worker for additional help with problems and concerns.

In the hospital, where the primary focus is on the provision of medical care rather than group work service, the group worker is only one of many people who can affect the child's adjustment. To be effective, the worker's service must be integrated with all other services through good working relationships with other staff and participation in total planning. The worker must have a clear understanding of her role and of the roles of other members of the team, and must have genuine appreciation and respect for the contributions of other staff members and the pressures under which they work. She must be able to accept the fact that the doctor is the final authority,

and that his decisions on patient care take precedence over all other considerations. She must understand the structure, relationships, channels of communication, and expected behavior of the hospital community.

One of the rewarding experiences for the social group worker in this hospital is the opportunity to work closely with social caseworkers. Caseworkers who have a background of experience in the medical setting can give invaluable help to the social group worker in the development of a new program. The caseworker and the group worker in the pediatric department share information about patients and plan together for effective integration of services. The group worker is often able to spot problems that are expressed by children or their parents and that indicate the need for referral to the caseworker who, in turn, can provide information concerning the child's social background. Children referred to the social caseworker are frequently those whose deep-seated problems and anxieties make it difficult for them to use group work services. The caseworker's service frees such children to be able to use relationships with others. Group workers and caseworkers have had all too few opportunities to work together as social workers under the same roof. There is much they can learn from one another when there is mutual respect and a sincere desire to share in professional growth.

In the hospital team relationship there is always the possibility that the patient will become the ball, with members of the team more interested in gaining possession than in working together toward a common goal. Aware of this hazard, the worker uses every opportunity to reinforce the child's positive relationships with other staff members—they are invited to join in playroom activities and frequently do so. The doctor or the nurse who are primarily identified with authority roles can also come to be identified as good checker players!

The fact that many different people perform a specialized function can be bewildering to children and to their parents. To have confidence in the program of care, they need to know that all members of the staff are working together with a high degree of mutual understanding and consistency. The social group worker has many opportunities to promote this feeling, as illustrated by the following example:

> Dr. L, Kent's doctor, told the worker he was glad to see she had involved Kent in playroom activities, because he anticipated that the boy might have some difficulty in adjusting to the hospital. He described Kent as a quiet, sensitive child who kept most of his

feelings to himself and was quite dependent upon his mother. He said that he thought Kent was very anxious about his impending surgery. The next day, at the suggestion of Dr. L, Kent's mother asked to talk with the worker. After expressing some of her concern, Mrs. J said she was glad to know the worker was on hand to "help Kent over the rough spots," and expressed disappointment when it was explained that the worker would be off duty for the next two days. The worker said the nurses and other staff were aware of the needs of the children and that all worked together to help in the adjustment of the children to the hospital. The worker offered to find out which of the nurses would care for Kent over the week-end and arranged for Mrs. J to meet her. The worker talked with the nurse in charge and she said she would arrange for one of the nurses to be assigned to Kent for the next three days so that he would not have to get acquainted with a new nurse each day. The nurse was told about Kent, introduced to him and his mother, quickly established good rapport.

Qualitative service to individuals and groups is possible only when the social group worker's function is clearly understood and defined within the structure of the agency. This is true in any setting but particularly in an interdisciplinary setting where group work is a newly established service. In their eagerness to demonstrate their professional contribution in new areas of practice, group workers may be deluded into the belief that once the "foot is in the door," things can be worked out from there. In initiating a new program it is the group worker's responsibility to define the service which is available without compromise or disguise, and to help the agency evaluate whether the service is appropriate to the recognized needs. Professional integrity can be maintained only if our service is defined within the framework of social work practice. The group worker's job description needs to be as specific as possible in order to avoid becoming the "chief toy dispenser" or the "odd jobs department." In a large and complicated institution, it is more important than ever to clarify administrative lines and to establish a structure which will permit the group worker to practice effectively.

When the social group work program is established on a sound basis, the interpretation of the service is done day by day in everything the worker says and does. Formal presentations to staff groups and written material for distribution are helpful tools, but the substance of interpretation is in the daily demonstration of social group work practice. There is little time in the pressured atmosphere of a large hospital for abstract thinking—the accent is on getting the job done. When the doctor talks with the social group worker about a child who is

extremely anxious and needs special attention, he is talking about an immediate problem. His evaluation of the effectiveness of social group work service will depend upon what he sees the group worker doing with the child, what she has written in the chart, what he hears her say in rounds and conferences.

One of the major difficulties in interpretation is the problem of language, of being understood by others. The social group worker in the medical setting is constantly challenged to translate social work concepts and terminology into words that have meaning and interest for persons in other disciplines. In the interdisciplinary experience, the group worker's concern about a group member's behavior must be stated simply and directly in terms of the primary focus—medical care. The doctor may be vaguely interested when he is told that Billy has difficulty in establishing interpersonal relationships, that he cannot compete with the boys in his room, and that he might make a better adjustment in a room with younger boys. But if he is told that Billy is begging his mother to take him home, that he is having a tough time making friends, and might be happier in a room with some of the other boys, the doctor will want to discuss the situation and perhaps arrange for a room move. The doctor will see that Billy's social adjustment will have direct relationship to the use he can make of medical care.

Some of the most effective interpretation of the group work program in this setting has been done by members of the Social Group Work Advisory Committee, composed of representatives of the various services who meet once a week. They participate in step-by-step planning for the development of the program, and are able to interpret it to the services they represent.

The purpose of this paper has been to examine some aspects of social group work practice with children in an acute hospital. Since group workers have had relatively limited experience in medical settings, there are many other areas to be explored and questions to be studied:

How does the group worker establish priorities in the use of her time when it is not possible to give qualitative service to all of the children included in the hospital population?

What factors are most important in determining the child's "degree of need" for service? Age? Extent of physical limitation? Type of treatment and procedures? Duration of hospitalization?

How can the group worker make the best contribution to the care of the very young child in the hospital. Through direct service or

through supporting the child's relationship with the nurse who is most closely associated with his care?

Are there program materials which have specific values in meeting the needs of hospitalized children? If so, how can these be developed and adapted?

How can the group worker contribute her evaluation of the child most effectively to other members of the team?

What kind of recording is appropriate and useful?

How much specific medical information does the worker need?

How does she acquire this new knowledge and relate it to her specific functions?

How can casework-group work service be better integrated?

What is the group worker's role in policy-making and total program planning?

These questions on practice, translated into the specifics of different settings, challenge social group workers wherever they are employed. There are factors in the hospital which influence practice and require adaptations, but the distinguishing characteristics of social group work practice remain the same.

Social group work service for the mentally retarded

FRANCES GROVE

The emergence of new attitudes and thinking in the field of psychiatry since World War II is having its effect on the long-neglected field of the diagnosis and treatment of the mentally retarded. Current interest demonstrated by psychiatrists, psychologists, teachers, and social workers in research and treatment programs has opened up new challenging avenues for treatment and has given hope for future programs. The mentally retarded are now being approached by all professional groups in terms of many and varied problems, rather than the fragmented attitude of the past by which they were considered a custodial problem or, perhaps at best, a problem for the teaching profession. The realization that such patients can be treated and rehabilitated to become a constructive force in our society has led to tremendous increase in the collaborative efforts of many professions. This paper will help shed some light on a social group worker's contribution to this professional co-operation.

Prior to the modern era of psychiatry, the mentally retarded, with all the various degrees of handicaps, were seen essentially as dependent and socially unproductive persons. This was due not only to myths, prejudices, and inaccurate information, but also to a lack of tools for measurement, diagnosis, treatment, and accurate planning.

It is generally agreed that between 1 and 2 per cent of the general population fall into the intelligence range termed mentally retarded.

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As we inspect this group, we see that the vast majority are mildly, rather than severely, retarded. Some people are quite surprised to realize that a large number of productive jobs in the American economy can be performed by retarded individuals, provided solid motivation and social adjustment exist. This is shown by the fact that less than 10 per cent of the mildly retarded group ever need to be hospitalized for behavior or dependency reasons. Many of the mentally retarded live in communities unidentified as such by their neighbors and peers.

The subject of this paper is a collaborative group work activity for those who are unable to adjust in a socially acceptable way in society. This group had become identified as mentally retarded because they were studied in connection with their delinquent behavior. A psychiatric hospital offers specialized services for this disturbed group of mildly retarded patients. In California, several hospitals in the Department of Mental Hygiene are designated for the psychiatric care and treatment of these patients. Obviously, this group represents only one segment of the patient population, which includes all mentally deficient diagnoses in its various degrees.

This paper does not deal with the general problem of delinquency, but it should be pointed out that the multiple causes of delinquency in children of normal intelligence are also applicable to the mildly retarded youth. Factors which tend to create delinquencies at any age or intelligence are also factors which contribute to the delinquencies of the mildly retarded. In spite of various backgrounds and a wide variety of psychiatric diagnoses, there is still a common theme in the attitudes and behavior of these patients. This theme, so characteristic of delinquency, involves their attitudes and feelings toward authority, particularly the authority reflected by the adult world. This problem usually results in a long pattern of mild delinquency or occasionally a shorter pattern of more serious offenses. The patients come to the hospital in early adolescence and their histories show typical social disorganization, chaos, and confused identifications. For many reasons they are unable to demonstrate the internal controls necessary to make an adequate adjustment in the outside world. In order to provide adequately a productive and long-range rehabilitation service, the hospital is an authoritative agency under the laws of the State of California. Patients come on civil commitments for an indeterminate period of time.[1]

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1 *California Welfare and Institutions Code and Laws Relating to Social Welfare,* Section 5250, amended by statute in 1937 "Documents Section, Printing Division, Sacramento".

It is not surprising that initially the patients under discussion view hospitalization as essentially a punishing experience. The indeterminate nature of their commitment is all the more threatening because of the uncertainty of their stay. Very few of these patients come to the hospital asking for help in controlling their behavior. Since many have had previous experience in detention, they view hospitalization as just another confinement experience in a hostile environment. Whatever the specialized treatment techniques that may be selected, the ultimate aim of the hospital is to help these patients develop the necessary internal controls so they can behave in an acceptable way in the community. Treatment of the environment is, of course, very important but is not under discussion here. The social group worker, in joining the collaborative treatment program, however, can see many positives in the patients. The majority of them are not suffering from psychoses, nor are they so withdrawn that group activities or relationships appear to be meaningless. A large proportion have had previous experience in groups, although frequently of a destructive nature. They have developed some skill in planning and defining leadership and relating to each other in an understandable way. The uninhibited nature of their speech and behavior affords a real opportunity for communication and interchange. The fact that they have not developed these skills for constructive purposes does not belie that there is tremendous interaction.

We all know the tremendous impetus for co-operative endeavor supplied by certain types of juvenile gangs. We also know that skilled leadership can frequently turn this activity into areas which provide a basis for social maturation.

The psychiatric orientation for the treatment of this group means an individualized program, and one or more specialized treatment plans can be scheduled by the psychiatrist. This may include academic schooling, activity programs devoted to the healthy use of leisure time, psychotherapeutic procedures for dealing with inner problems facing the patient, and work opportunities for developing a constructive attitude toward productive enterprise. The significance of any single treatment program is evaluated by the psychiatrist with the help of the psychiatric clinic team. Since much of the patient's difficulty is in relationship to his peer groups, it can readily be seen that a specific social group work program has much to contribute to the collaborative care and treatment of the mildly retarded youth.

The program under discussion was instituted at Pacific State Hospital in conjunction with the University of Southern California School

of Social Work. The direct social group work service to patients was provided by second-year students from the school of social work as their field work placement and was supervised by the supervisor of rehabilitation therapies. During the four years, 6 students (4 men and 2 women) participated in the program which included 160 patients (36 female and 124 male) in 14 groups. The student workers were responsible for the process recording of each meeting and, in addition, completed annual summaries on each individual patient and the group itself. The groups varied in number from 6 to 15. Hospital personnel and patients attached the name "club" to all groups, even though many of them never reached the formal structure we ordinarily associate with a club.

Of the 160 patients whose chronological ages were from 9 to 49 years, three-fourths of the patients in these groups were between the ages of 12 and 25 years; the IQ range for over one-half was between 45 and 65 on the Stanford-Binet Scale of Intelligence. Almost three-fourths of the patients had from less than one year to five years of hospitalization.

The 14 groups were formed within the accepted basic concepts of social group work, adopted by the Executive Board of the American Association of Group Workers in 1949: "The group worker enables various types of groups to function in such a way that both group interaction and program activity contribute to the growth of the individual and the achievement of desirable social goals. The objectives of the group worker include provision for personal growth according to the individual's capacity and need, the adjustment of the individual to other persons, to groups and to society . . . the recognition by the individual of his own rights, limitations and abilities as well as his acceptance of the rights, abilities, and differences of others." [2]

A survey for a student thesis of the professional literature on social group work for the mentally retarded reveals a paucity of literature, and there were found only four usable articles.[3] A large portion of the material was directed to the broader area of the handicapped and institutionalized persons. The definition of social group workers' function by Wilson and Ryland is suited to the mentally retarded in this paper. "The social group worker who serves ill and handicapped

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[2] Grace L. Coyle, "Social Group Work," *Social Work Year Book 1954* (New York: American Association of Social Workers), p. 480.

[3] Virginia Mae Bond, *Use of Social Group Work in Hospitals for the Mentally Deficient.* Unpublished thesis, University of Southern California School of Social Work, 1956.

persons as one of a team of specialists with a primary focus upon treatment has occasion to need more specialized knowledge of disease and injury, but his function remains unchanged." [4]

In relation to these definitions, primary purposes of the groups were concerned with improvement of interpersonal relationships among the members and with the hospital and community societies. Closely related to this was the modification of the members' individual behavior. To attain these goals, the worker, through the formed groups, helped the patients develop stable relationships with adults. Since many of these patients had had unhealthy experiences with adults, and since they saw adults as hostile and unaccepting persons, the experience of a positive relationship with an adult in an authoritative role was of tremendous therapeutic value. On the other hand, some patients all too easily accepted the authority of the hospital, leaving them few resources for decision-making or for meeting the world on its own terms. The group worker, by encouragement and discussion of rules and routines, assisted these patients to a better sense of their own destinies. The worker had to help them accept responsibility for their own and group behavior and activities.

Of the five groups composed of mildly retarded patients who were potential candidates for leaving the hospital, brief incidents and summary material from the Leopards' Club were selected to describe this aspect of the program.

The Leopards' Club consisted of 12 male patients who were selected by the supervisor from information in clinical records and by an occupational therapist who had worked with the patients in programs in the past year. All the members of the group were considered candidates for eventual vocational leave program by the psychiatric team. It was felt that the small-group experience would contribute to their personal and general social adjustment in preparation for community living. The patients' ages ranged from 17 to 32 years, and their IQs ranged from 57 to 76. They all lived on the same open ward and some worked together in the industrial program. The problem with authority and the accompanying hostility mentioned above was somewhat diminished in this group because of the impact of constructive experiences with the hospital as a whole.

At the first club meeting the group worker provided an explanation of the purpose of the group and an activity of model airplane assembly. The members reacted with defensive questions such as,

[4] Gertrude Wilson and Gladys Ryland, *Social Group Work Practice* (Boston: Houghton Mifflin Company, 1949), p. 117.

"Why are you here?" "Why do you want to have a club for us?" When soliciting suggestions for activities, "It's not up to me" was a typical reply. One member, Joe, began to accept leadership, since he said he had had club experience. This experience had been with a gang in a high delinquency area in Los Angeles. With this beginning response, the group was able to select a name and password.

At the second meeting in electing officers, Joe, the most verbal member of the group, was first nominated for president, followed by the nomination of Don, the "strong-arm" member. It was obvious from the group discussion that both were vying for the position. Before the election the worker stressed the importance of both the positions of president and vice-president and suggested that the person receiving the most votes could be the president and the other person could be vice-president. The group agreed to this, relieved of the problem of deciding between the two contenders. They elected Don president and Joe vice-president.

George, after being nominated for secretary, refused. Amid much bravado and side jokes from the members, he related how he was expelled from school in the community and then excluded from school at the hospital for his disruptive behavior.

In the first few months, there was much bickering among members and acting-out of their aggressions through activity. Usually the arguments were settled by Don with indirect threats, or by the worker interceding with an acceptable solution, "saving face" for the participants. Usually the activities were selected by the members with guidance from the worker. These provided outlets for aggression and tension which occurred in daily living, with some recognition for each member by the worker or his fellow members.

Limit-setting was necessary. Although the worker allowed a certain amount of permissiveness to exist, once in a while he had to interrupt an activity when there was a trend toward property destruction or personal injury to individuals. Usual comments were, "What are you trying to be, a cop?" or, "You're like Mr. Jones" (Mr. Jones being a very controlling person).

Near the end of the year, the group voted to do a tumbling act wearing leopard and tiger costumes for the annual patients' talent show, "Circus Time." One day the members met the worker on the grounds stating that Ed, one of the better tumblers, had refused to participate in the show. Ronald said to the worker, "He'd better be in the show or we'll take him out and give him a working over." He was supported by one other member. But Don disagreed stating, "As president, I'll take his card away if he doesn't take part in the show." Joe asked the worker what he thought. The worker suggested they talk it over with Ed. Presented with removal from the club, Ed said he wanted to be in the club but couldn't do his part of the act with Bob and cited his difficulty. Don interceded for Bob saying, "You can't expect him to do it perfectly; after all, we have been practicing only a couple weeks and this is a hard act to do."

With rehearsal and encouragement from members and the worker, the act was carried out successfully.

In reviewing these four years of group work practice, it appears obvious that group work in a psychiatric hospital for the mentally retarded has many similarities to practice in voluntary group work agencies in the community. The central difference is in the nature of the agency itself which is reflected by the type of authority inherent in the children's protective agency with all the legal implications involved. A second consideration is that the formulation of the group is part of the total treatment program rather than an activity selected by the patient. The group worker not only has responsibility for his own program but the responsibility to relate to the entire professional practice of the hospital. Although the group worker might not use the authority in actual practice with his patients, as a staff person he inevitably reflects some of the authority the agency uses. One of the helping aspects is the creative and constructive use of this to aid a patient in attaining goals mentioned before.

We found that in group formation, chronological ages, degree of retardation, length of hospitalization, ward placement, and industrial assignment were all factors in selecting patients. An example of more specific group objectives was improvement of interpersonal relationships with fellow patients and hospital personnel and modification of behavior, such as excessive aggression or withdrawal patterns.

Since many of our patients had had little or no experience in constructive groups, some clubs could be best described as pregroups. Although patients did not come to the hospital asking for help with their problems, patients were allowed a choice in belonging to a group. In some groups the patients were originally selected by various members of the clinical team, and additional or replacement members were selected by the groups themselves; in others only the staff selected patients. In a short period after the first groups were started, the needs of other patients to "belong" resulted in a large number of requests to join a "club." This "belonging" was quite personalized for these patients since membership in a small group took on a special meaning in light of their more rigid daily routine in the rest of the hospital. Gradually, through the purposeful worker-group relationship, the group became something of the patient's own creation and gave him a positive basis to identify with the worker and the agency.

In the club, through the group worker's use of guided group interaction, the patient learned that his verbal expressions could be meaningful. He talked about his home, family, past experiences, yet was

encouraged to prepare for the future. He had opportunities for acting out (within limits) some of his problems. With the group worker's acceptance of him, he was assured of continuing help. At times the patient was protected from himself or his fellow members on a fair and understanding basis.

It has been emphasized that the hospital, of necessity, is an authoritarian setting which makes the emphasis of the democratic group on self-determination particularly significant. The group worker usually takes on the beginning leadership to assure this, and gradually, as members are able to move from a rigid to a more flexible democratic approach to leadership, they take on additional responsibilities. It should be noted that the emphasis is placed on participation rather than on the mechanics of activities. However, activity plays a large part in the program, since it is frequently the only medium of expression for some of the patients. The group worker's selection of activity plays an important role in group dynamics and in meeting the needs of patients.

It should be noted that the focus is largely upon the individualization of the patient and his specific needs, yet it is related to the group. Whenever a patient's individual needs did not fall into the group worker's area of responsibility, the patient was referred to the proper member of the clinical team. Frequently, the group worker acted as the bridge to that member until sufficient relationship was established for the patient to receive the help he needed.

While specific group work method is the emphasis of this paper, a secondary point of emphasis is on collaborative efforts in a multiple professional setting. Group work skills in administration, co-ordination, and program planning place the worker in an ideal position to make a maximum contribution as a staff member to over-all treatment programs. Since collaboration is essentially a group process, the knowledge of its pitfalls, intricacies, and rich potential gives the group worker an opportunity to make a constructive contribution to administration.

Co-operative planning between the YMCA and YWCA of Cleveland

MILDRED H. ESGAR

Just exactly when the idea of co-operation between the Young Men's Christian Association and the Young Women's Christian Association of Cleveland became a matter of primary interest, it would be difficult to determine. Both are old organizations—the YMCA having been established in 1854 and the YWCA in 1868—and both seem to have developed along traditional lines—the YMCA concentrating on program for men and boys and the YWCA for women and girls, with intermittent discussions of "co-operation." The time came, however, when the YMCA, in response to requests from families in areas in which branches were located, began to do work with women and girls. The decision of the YMCA to undertake such programs was related in part, at least, to the inability of the YWCA and other girls' organizations, for budget and possibly other reason, to provide the necessary services—a fact which in itself, if there were time, would warrant analysis. The YWCA consistently limited its program to work with young women and included boys and young men only in co-ed activities that were planned as part of a regular program for girls. However, as the years passed, both organizations included increasing numbers of "the opposite sex" among their participating members, and within the last decade or more there have been many co-operative events at the program level.

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Planning between the YMCA and YWCA

There is on file a report of joint staff discussions held in 1936 pertaining to "The Interpretation of the Work of the Christian Associations," with emphasis primarily on the extent to which the Y's ought to identify themselves with the general group work field. While the importance of co-operation with other social agencies was stressed, the consensus seemed to be that historically and also in purpose, philosophy, scope, and methods, the two associations had more in common with each other than with the other agencies. However, both organizations continued to play an increasingly active role in the affairs of the Welfare Federation and Community Chest, but it is quite possible that this kind of discussion may have increased the awareness on the part of both staffs of their common heritage, helped clarify objectives, sharpened certain vaguely felt but undefined differences, and frankly led both groups to examine their prevailing attitudes toward each other. By 1951, the executive staffs of the two associations were meeting with a fair degree of regularity and dealing with some of the basic questions involved in co-operative undertakings.

During these discussions, it was recognized that the public frequently does not differentiate between the two associations and that, in all probability, the YM and the YWCA would work more closely together in the future than in the past. The majority of the Cleveland staff members regarded this eventuality as desirable and were motivated by a determination to help build if possible the kind of solid foundation which would assure the success of future co-operative effort.

In the judgment of both staffs, Lakewood seemed to be the community in the Greater Cleveland Metropolitan Area which would lend itself to a demonstration of successful co-operation. It is a relatively homogeneous community in which the family unit is strong; both branches are comparable in length of service, strength and volume of program, quality of volunteer leadership, size of staff, and budget. Both organizations were at approximately the same point in new building programs which would make possible joint planning in the initial stages. Both needed larger and more adequate equipment for their programs. However, this was not only a staff interest. For years there had been informal discussion among the residents of Lakewood about the possibility of a joint building.

In May 1949, a survey of the Lakewood-West Shore Branch of the YMCA by David DeMarche recommended "that the Lakewood YMCA undertake the erection of an attractive social center type of building" and "that the YMCA explore with the YWCA the possibility of a joint facility." In October of the same year, the Executive Committee of the Cleveland YWCA recommended that the Lakewood Branch "pro-

ceed with plans for a combined fund-raising campaign." For various reasons, the time was not quite ripe for these ventures.

However, in the spring of 1952, the YMCA announced plans for a Metropolitan Capital Accounts Campaign, with a goal of nearly $7,000,000 which included a million-dollar building for Lakewood. Although rumored that the tentative plans could be modified to include the YWCA, no official action provided for this. The YWCA also was in the midst of a building development study and its plans included a branch building for Lakewood. There was a strong feeling on the part of some of the YWCA leaders that a joint YM-YWCA city-wide campaign would be preferable to the two independent campaigns; others felt that efforts should be confined to a joint campaign in Lakewood. However, the YMCA was not responsive to this idea, and even though it was disappointing to the YWCA, it is not hard to understand the reasons. The YWCA had had no experience in fund-raising (it had not had a campaign for fifty years), and its experience in raising money for sustaining memberships was always disappointing, whereas the YMCA had had periodic small building campaigns and had been conducting annual membership campaigns for more than thirty years. The YWCA did not have a "following" among the financial interests of the community, or frankly, among the kind of leadership able to attract such interests. Furthermore, the YMCA goal was so high that it would not have been feasible to increase it to include the funds needed by the YWCA, and it was hardly to be expected that the YMCA would reduce its share in order to include an amount for the YWCA.

Nevertheless, informal discussions continued, the consensus in the YWCA being that if possible a co-operative plan for a building in Lakewood should be developed, even though it was not possible to have a joint campaign.

Meanwhile, another significant development was taking place. In February 1951, the Hough Area Community Council asked the YM and YWCA to develop a co-ed program for senior high school youth. The YMCA had recently opened a new branch in the area, known as the Addison Road Branch, and was in process of reconditioning a building formerly used as a church. As a result of considerable foresight, this building was equipped to meet the needs of girls and women as well as boys and men.

This request from the Hough Area Council initiated a series of discussions among both volunteers and staff regarding the needs of the area. Informal program was developed, and in February 1952

the YWCA accepted an invitation from the YMCA to meet with its representatives regarding the "possibility of combining forces to provide a sound social approach to the individual, the family, and the community." After careful study, during which certain principles were developed, the board of the YWCA voted to enter into an agreement with the YMCA for an experimental project in co-operative service—provided additional funds could be obtained.

The project was cleared with the Welfare Federation, and in July 1952 the YWCA received a grant of $20,000 from the Cleveland Foundation for a three-year period to enable it to establish a program for girls and women in co-operation with the Addison Road Branch of the YMCA. With this assurance of financial backing, the terms of agreement were drawn up and approved by the respective metropolitan boards and program was started in September 1952.

The Addison Road project was a significant step in the whole program of co-operation—a kind of pilot study which bridged the gap between an interest on the part of both associations (sometimes enthusiastic, sometimes half-hearted) in a program of co-operation, and a genuine acceptance of the fact that co-operation is here to stay, that it can be an exciting and genuinely satisfying experience, and that through sound planning, individual agencies gain rather than lose, and that service to communities can be expanded and enriched.

The Addison Road project had been in operation two and a half years before a decision was reached in regard to Lakewood. During this period some of the YM and YWCA leaders refused to abandon the idea of a jointly owned building, and in April 1955 they again asked the metropolitan boards of the two associations to give further consideration to this matter.

By this time the pressure of social forces was too strong to be resisted—the success of the Addison project, the tenacity of the Lakewood citizens, the growing interest of the Greater Cleveland Community in interagency planning especially with respect to use of buildings, the necessity which the YMCA had to cut back building plans because its campaign goal was not reached, the prognosis that the YWCA would not raise enough money in its campaign to build the kind of branch needed, the conviction that one larger well-equipped building would serve the area better than two smaller ones—all undoubtedly had a part in helping both organizations reach a decision to which the whole community now points with pride. For whatever reason, a joint committee finally was established and after more than a year and a half of study and negotiation in which several of the

best legal minds of Cleveland participated, the two associations agreed, by formal contract on January 27, 1956, to built a joint YM-YWCA building. Each owns a half share in the building and property which are valued at approximately $800,000. This building will be ready for occupancy in the fall of 1957. From the beginning there has been "joint planning."

Another interesting and significant step in this process was the adoption by the YMCA, in the spring of 1955, of a new policy regarding work with women and girls. This policy does not say that the YMCA will not do any work with women and girls or that it will transfer to the YWCA the programs which are now being carried on under YMCA auspices. It does say, however, that when the YMCA is requested to undertake new work for women and girls "the YWCA shall first be asked to provide leadership and facilities before any definite action is taken on the part of the YMCA."

Acting in accordance with this policy, the YMCA, in March 1956, invited the YWCA to share in the use of its new Southeast Branch Building. The YWCA accepted and by transferring a staff member from another branch, was able to begin work when the building opened in September. The YWCA now has two staff members at this branch and expansion of program has exceeded the most optimistic expectations.

The YWCA building plans included one branch building to be located on the "East Side"; at the conclusion of the campaign, $400,000 was allocated for this building. This would have provided a club-type building but would not have included both a pool and a gym. Furthermore, the problem of selecting *one* location was serious.

In the spring of 1956, the YMCA suggested to the YWCA board that instead of building an East Side Branch consideration be given to investing money in each of four YMCA branch buildings. The YWCA faced the fact that such an arrangement would not be as satisfactory as the Lakewood situation in which the planning had been on an equal basis from the beginning. Nevertheless, the advantages in terms of having four bases of operation instead of one and the subsequent ability to serve the wider community more effectively seemed to outweigh the disadvantages, and on April 24, 1956, the YWCA board acted favorably on this suggestion. Another grant from the Cleveland Foundation enabled the YWCA to undertake additional work and YWCA staff are now in all of these branches.

At the present time the YM and YWCA share or plan to share in the near future seven buildings; conversations are taking place with respect to two other locations.

Planning between the YMCA and YWCA

This process has been described at considerable length to show that the Cleveland experience has not been a fly-by-night affair, nor has it been superimposed by any power group in the community seeking thereby to save money or to accomplish some equally superficial purpose. Instead, the idea originated within the agencies or within the communities themselves.

While it is still too soon to make a formal evaluation of the experience, the writer would call attention to certain principles which it is believed have contributed to the success of the undertaking; list some of the complicating factors in the situation; indicate a few of the changes which are taking place; and then make certain observations which may be of significance for the future.

Principles

1. It is important that the groups affected by the proposed co-operative arrangement be involved in the early stages of discussion and that there be acceptance of the proposal by the leaders of both associations—volunteer and staff—before any agreement is drawn up. In general, this was true in the Lakewood and Addison situations, with the result that both the YMCA and YWCA leaders responsible for these programs shared in the decisions. This was less true in several other situations and at times YWCA leaders encountered some resistance from YMCA laymen and staff who felt that the decision to invite the YWCA to share their facilities had been made by the metropolitan officers without sufficient consultation with the local branch groups.

2. If the projects are to be truly co-operative, it is essential that certain principles be established in the very beginning so that there can be no possibility of misunderstanding the basis upon which the arrangement has been effected. In the Addison Road agreement which has served as a pattern for subsequent operational agreements there is a preamble which closes with the following paragraph:

> In effecting this joint enterprise, there is complete recognition on the part of both Associations that while the philosophies and purposes are essentially the same, there are differences in procedures and each Association recognizes the validity of these differences and pledges itself to make every possible effort to make effective a program of Christian-motivated activities for the communities of Hough and Norwood.

This is followed by statements to the effect that (1) each association shall retain its separate identity and shall continue to be governed by its constitution, bylaws, regulations and policies; (2) each associa-

tion will continue to carry program designed especially for its major constituency; (3) where advisable the two associations will co-operatively develop co-educational, corecreational, and also family programs.

The agreements all include a section on organizational arrangements which describes the committee structure and the staff relationships. All provide for a joint advisory committee usually composed of three representatives from the branch boards of each association and several representatives from the community at large. Subcommittees may be organized as needed. In general, each staff member is responsible to his or her own supervisor or executive.

Each agreement also includes a section on use of space and equipment, a statement on business arrangements, and certain agreements regarding a membership approach to the community and a definition of the community to be served.

3. The third general principle is a corollary of the second: It is essential that formal agreements be drawn up and that the terms of the agreements be understood and accepted at the branch and metropolitan levels. Provision should be made for periodic review of the agreements. In general, the procedure followed in arriving at recommendations regarding agreements has been to have a committee representative of both the metropolitan boards and branch committees draw up the initial statement. It is then discussed and acted upon by the branch committees and the metropolitan boards.

4. Leaders in both associations must be thoroughly familiar with the philosophy, objectives, and programs of their own organizations; they also must have respect for each other and must believe in the co-operative adventure.

5. Provision should be made for equal or proportional representation and for rotating the top leadership between the two associations.

6. Insofar as possible, staff members assigned to co-operative projects, especially branch executives and center directors, should be equally qualified and have the same amount of authority.

7. Insofar as possible, both organizations should have the same number of staff serving the same geographical area.

8. It is important that a "united front" be presented to the community. This calls for regular meetings of joint advisory committees and joint staff meetings and for a continuing development program.

9. Provision should be made for periodic evaluation of the experience and review of all agreements.

10. Whenever possible, buildings for joint use should be designed for that purpose. It is hard to modify them after the plans have been made with only one agency in mind.

Planning between the YMCA and YWCA

Complicating Factors

1. Probably the major complication is the difference in the policies and practices of the two associations with respect to membership. Traditionally, the YMCA has charged higher dues and fees for services. Furthermore, the YMCA went into the chest with the understanding that it could continue its sustaining membership campaigns. YWCA secures relatively little from this source. In Lakewood, the YMCA in 1955 secured approximately $16,500 in sustaining memberships—the YWCA $2,000. This almost proved an insurmountable stumbling block. Finally, an agreement was reached wherein the membership equity which existed in terms of a ratio of 16.5 (YMCA) to 2 (YWCA) at the time the joint contract was drawn up was continued. Both budgets are about the same size but sources of income differ. The difference in membership practices is causing both associations to review their policies and already some modifications have been made.

2. The second pertains to differences in methods of work. In the YMCA more authority rests in the general administration offices than in the YWCA. The YM tends to work as businessmen and sometimes seems to short-cut procedures; for example, the YWCA is frequently expected to respond immediately to a request or suggestion which in its judgment demands deliberation. The YMCA is impatient with committee procedures. There is some tendency to decide and then expect the YWCA to comply without question. Partly because of this it is essential that the YWCA select the strongest women possible but also the most gracious. They need to be keen, alert, respected in the community; able to smile sweetly and hold their own; know when to compromise and when not to; able to disagree and not be belligerent. The men are more aggressive and often seem to expect to dominate the situation. Women in the YWCA must be able to cope with the situation and not be "intimidated" or "submerged"!

3. Differences in personnel policies so far have not been serious but could be. In the YWCA vacation policies and hours (on the books!) are more liberal. The YMCA is more generous regarding expenses on the job, conference attendance, moving expenses, and so forth. Its salary ranges are higher. Questions may arise, however, as soon as an individual clerical or maintenance staff member is employed by both to work in the same office!

4. Certain differences in standards have caused some tension, *e.g.*, required medical examinations; conditions in pool, temperature,

cleanliness; amount of office space and equipment for health education units.

5. The difference in number of branches and size of area served has caused some difficulty. An attempt to co-ordinate geographical boundaries served by both presents some problems. YM has 20 branches; YW has 4 branches and 9 centers.

6. There are problems which spring from traditional attitudes and clash of personalities.

Changes in Program

To date, the most significant changes in program have been the opportunity for the YWCA to expand its program in residential and suburban areas; the increase in and popularity of family programs; the modification of swimming programs; and increased opportunities for camping, especially co-ed camping, both resident and day camps. In addition, there have been co-operative service projects and one large teen-age world fellowship event. Leaders are beginning to think in terms of the deeper significance of the two programs.

Economy

One question frequently asked in regard to joint operations is "Does the project save money?" Obviously, it is more economical to maintain one building than two, but so far as program expenses go, there is no evidence yet that the programs can be developed for less money. However, in certain suburban areas, there is an indication that there will be a substantial increase in income thereby making possible further expansion of program without increased subsidy from the Welfare Federation.

Observations

1. Cleveland has a long history of social planning with a minimum of control of the respective agencies. The stature of both associations has increased in the eyes of the community as a result of this co-operative project. There has been much favorable publicity—radio, TV, press—including several excellent editorials. This is especially important to the YWCA.

2. Communities are tired of capital accounts campaigns. It is doubtful if the two associations could ever again go out on independent campaigns. The YM is asking the YW to join in a campaign in the not-too-distant future. The men are beginning to realize that women

have something special to contribute and that the YWCA has some "money value." Each can learn from the other. However, the YWCA leaders will need to develop a "strategy" if they are to participate effectively in such an undertaking and not continue to be satisfied with less than equitable share of the returns.

3. Although the principles of co-operation outlined above apply to any co-operative enterprise, a careful analysis of the situation seems to indicate a distinct difference between the opportunities inherent in co-operation between the YM and YWCA's and those that exist between the Y's and other agencies. There are also some unique problems or even hazards.

Opportunities

The two associations were the products of Christian concern about the social conditions resulting from the industrial revolution—the same circumstances which produced the charity organization movement, the settlement movement, and other organizations referred to today as "social agencies." From the beginning, the corporate expressed intent of the Y's has been Christian, and while the formal statements of purpose are different, and both have been modified as a result of increased knowledge in the fields of religion, education, psychology, and so on, nevertheless, each has retained its identification as a "Christian" organization. However, neither has had a formal connection with any church or group of churches. While the practice has varied somewhat in different countries, in the main both have avoided theological or creedal statements as a basis for membership, with the result that they have been able to interpret their Christian philosophy in terms of concern about all peoples and include not only in their general membership, but in their leadership, persons of all faiths, as well as of all races and nationality backgrounds. Today they are the two largest Christian-motivated, but truly inclusive, international movements, with units in seventy or more countries of the world. Campbell Murphy, Executive Secretary, Community Welfare Council of Dayton, in a recent talk at a YWCA Conference in Toledo, said: "You could almost say that the YWCA in the social agency field represents a point of view and an interest which is broadly international and world-wide in point of view and scope, that is in contrast to something that is narrow and absolutely own-country or own-agency minded."

This represents the YWCA at its best; the same could be said of the YMCA at *its* best.

It sometimes is said that the YWCA is more liberal in social philosophy than the YMCA, that it is more concerned with social questions, more ready to take a stand on controversial issues. However, since much protective legislation related to the working conditions of women and chidren, the YWCA may have been more conscious of need because its members were affected. A study of national pronouncements would indicate that both organizations have comparable "public affairs" programs; with the degree of autonomy which the local units of each association enjoy, practice varies from community to community, and it is unwise to generalize. However, with the exception of the YWCA program on integration, there is all too little evidence that the associations today are spearheading the movements for social reform which was characteristic of their behavior in an earlier day. Have we lost our "cutting edge?" If we can extricate ourselves from the day-by-day responsibilities of money-raising, planning for joint use of buildings, and preoccupation with brick and mortar, and lift our sights to the opportunities for enrichment of program which these co-operative efforts provide, then the strength of the YM and YWCA's working together can make a significant impact on the social life of our communities.

Unique Problems

If the philosophy, purpose, and general program of the two associations are as similar as has been indicated above, then the question naturally arises—why should there be problems in co-operation? Or, sometimes, as might be expected—why should there be two associations? These are the questions hardest to explain to the average citizen and, unless the leaders of both organizations have conviction that each has a distinctive contribution to make, the questions will not be satisfactorily answered.

The YMCA was organized to serve young men, the YWCA to serve young women. So unusual was it a hundred years ago for women to organize that when the YW was established in London in 1855, it was thought that women did not have enough experience to handle the business affairs and the Earl of Shaftesbury was appointed as the first president. Until recently there remained on the statutes of the State of Ohio "An Act for the Relief of Benevolent and Charitable Associations managed by Women" to the effect "Any benevolent or charitable Association . . . of which women are . . . directors, may vest the . . . management of all its endowments or capital funds and property in three male trustees" to be appointed—one by the Court of

Common Pleas, one by the Probate Court, and one by election of the members!

Although never militant, and never identified with the "Lucy Stoners" or other extremists, most observers would say that the YWCA has in a very real sense been a part of the so-called "woman movement."

What is the situation in 1957? Is there still a need for a separate women's organization? Opinions differ. However, not for many years has as much attention been given to women's roles in the affairs of the world as is being given today. There seems to be a kind of neo-feminism abroad. Women's colleges are facing the situation and revising their curricula. Lynn White, Jr., President of Mills College wrote:

> A young woman should study in an atmosphere in which it is taken for granted that women are as worthy of respect as men and that the things they tend to do best are as significant and honorable as the things men tend to do best. She should be free to follow her every individual bent, without being subject to the pressure of masculine notions of what is womanly, on the one hand, or unimportant, on the other.[1]

In December 1956, *Life* published a special issue on "The American Woman, Her Achievements and Problems." A report on *Womanpower,* recently released by the National Manpower Council, describes the revolution in women's employment which has taken place since the turn of the century. It recommends that:

> Universities, foundations, and government encourage and support research dealing with the impact of the increased employment of women upon family life, the rearing of children, and the self-development of women; upon the process of occupational choice among both younger and older women; upon the prosperity of the economy and living standards; and upon the availability of volunteer workers for community service functions.[2]

These are but a few illustrations of the general awakening to the multiple roles which women play in modern society and of the need which they have to learn to operate in groups, to take initiative, to carry responsibility, and to have a share in finding solutions to the pressing problems of their day.

The YWCA, as part of an international women's organization, has

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[1] Lynn White, Jr., *Educating Our Daughters* (New York: Harper & Brothers, 1950), p. 63.

[2] National Manpower Council, *Womanpower* (New York: Columbia University Press, 1957), pp. 5–6.

firsthand knowledge of the conditions, both at home and abroad, which point to the need in the United Nations for a Commission on the Status of Women. The last century (the century through which the YWCA has lived) has witnessed revolutionary changes in the status of women. It seems fair to prophesy that during the next century or less, women will become less self-conscious of themselves as "women struggling for status," will act less like a minority group, and will take their rightful position on an equal basis with the rest of the human race in the struggle to create a better world. But status is not secured in isolation and will be achieved only as men, as well as women, recognize the contribution which women can make.

To those who are concerned lest the YWCA be submerged and lose its identity because of the present trend in co-operative planning with the YMCA, it seems only fair to say, "Yes, this could happen." It would be relatively easy for the YWCA to slip into a subordinate position, unless its leaders have a conviction about its distinctive contribution, and unless this conviction is shared by YMCA leaders as well. There is danger, also, in age and tradition and the tendency to maintain institutional patterns which no longer meet the needs of the situation.

Professor R. M. MacIver once wrote:

> To a permanent purpose there always answers, in the nature of things, a permanent association . . . [which] rests on purposes more lasting than any individuals, and is thus maintained through periods of time infinitely larger than the life-periods of individuals. In so far as they are purposes necessary to the fulfillment of life, they create associations as immortal as life. And as the most enduring purposes are also those which grow and change the most, there is a continuous evolution of the greater associations.[3]

What the future holds in store for each association no one can predict, but it is my belief that, so long as their programs contribute to the fulfillment of life of persons anywhere, they will endure. They will grow and change with the times; it is our responsibility to guide the process, not to predetermine the results.

The current experience of co-operation between the YM and YWCA of Cleveland is an exciting adventure. Whether the experience will continue to be as rewarding as it is at present will depend in large measure upon the strength and commitment of the leaders, for in the last analysis it is the attitudes of human beings towards each other which determine the success of such an enterprise.

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[3] R. M. MacIver, *Community* (London: Macmillan and Co., Ltd., 1917), p. 27.